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## ORIGINAL DEPARTMENT.

### LECTURE.

#### CICATRICAL STENOSIS OF THE PYLORUS.

BY M. RICKLIN, OF THE PARIS FACULTY.

At a recent séance of the Society Medicale des Hopitaux, this subject came under discussion, apropos of a case, which formed the subject of a memoir, presented by M. Dujardin Beaumetz.

In this case the stricture was situated at the pyloric orifice at the origin of the duodenum; it was extremely tight, for a goose quill could hardly be passed; it was of cicatricial nature, consecutive to a simple round ulcer. Of course, the passage of aliments through this strictured orifice was impossible, and the patient died of inanition, presenting tetaniform accidents, which we will reconsider later on.

It is in such cases, according to MM. Beaumetz and Debove, that resection of the pylorus would be perfectly justifiable, and two interesting observations prove that this opinion is well founded.

Extirpation of the pylorus has been performed more than twenty times, during the past three years, in cases of cancer of the pyloric segment of the stomach, and also in two cases of cicatricial stenosis of the orifice consecutive to simple ulcer.

The first case was reported by M. Ryoogier (Berlin Klin. Woch. No. 3, 1882), and he presented his patient six months later in excellent health. The second attempt of this nature, also with a favorable result, was made by M. Van Kleef, in 1882. The patient, at that time thirty-seven years of age, had suffered more or less from her fifteenth year, and finally presented all the signs of pyloric stenosis, enormous dilatation of the

stomach, constant vomiting, obstinate constipation, etc. At the period when the operation was performed the patient had had no passage from the bowels for several weeks. Washing out the stomach daily by means of a stomach pump (lavage de l'estomac) had much reduced the dimensions of the organ, which had previously been enormously distended.

The general condition of the patient became very bad on account of the prolonged inanition, and an operation was decided on. The extirpation of the pylorus was successfully performed, and three months later the patient had gained in weight twelve kilograms. Examination of the resected portion confirmed the diagnosis, the stenosis of the orifice was very marked; on each side was found a series of concentric cicatrices, and besides a simple ulcer about one centimeter in diameter.

The first surgeons who performed this operation reserved it entirely for cases of organic disease at or near this orifice, where the incurability of the cancerous disease, and the imminent death of the patient seemed to justify an operation of such gravity. But to-day, in presence of these two successful cases, and, on the other hand, the numerous failures experienced after extirpation for cancerous disease due to relapse or generalization of the malignant neoplasm, it has become a question with many surgeons whether the prime indication for this operation is not a condition of impermeable stricture of the orifice, consecutive to the cicatrization of simple ulcer, where relapse or general infection of the system are not to be feared. It is, of course, understood that so grave an operation is to be reserved for cases where ab-

solutely no aliments are retained, and the patient is in imminent peril from inanition.

What, in effect, can we do in such cases? The lavage of the stomach is palliative only, and is not exempt from danger. M. Dujardin Beaumetz recalled the fact that Küssmaul had observed tetaniform accidents in the first patients placed under this form of treatment, but attributed them, not to the existing inanition, but to the sudden evacuation from the distended stomach of an immense quantity of liquor which had to be replaced from the blood serum. Or, it is an admitted fact, that deshydration of the blood is a powerful factor in the production of tetaniform accidents, a fact well shown forth in cholera. Lavage of the stomach, so much at present *à la mode* in France, is not then without its dangers. Without speaking of the gastrorrhagia which may be caused by contact of the tube with the ulcerated mucous membrane, in cases where there is great dilatation of the organ with considerable accumulation of liquid, washing out of the stomach (pompage) may determine convulsive accidents, which find a predisposing cause in the condition of general inanition, but which are primarily induced by the deshydrate condition of the blood, brought about by exosmosis from the vessels to replace the liquid removed from the stomach. This extravasation is favored, as admitted by Prof. Peter, by the inertia of the contractile elements of the walls of the stomach and the consequent diminution of blood pressure in the capillary network contained in its parietes. M. Dujardin Beaumetz said that these accidents were, in his case, of sufficient gravity to cause death.

## COMMUNICATIONS.

### REPORTS OF TWO CASES PRESENTING MANY SYMPTOMS IN COMMON: ONE A CASE OF TYPHOID FEVER, THE OTHER ENTERITIS—WITH REMARKS.

BY J. M. ANDERS, M. D.,  
Of Philadelphia.

Read before the Northern Medical Association  
of Philadelphia.

During the fall of 1882, there came under my observation two cases, whose histories seem to me worth giving.

The first patient was a little girl, æt. 16 months, who was taken ill October 22d. The first symptom to attract attention was cough, and it was on account of this symptom that I was called to see the child. On exploring the chest, signs of mild general bronchitis were found. There was slight

febrile action, but the temperature was not taken. The fever gradually increased for two or three days, when the temperature was found to be 102°, pulse 120. The bowels were moved two and three times daily, the stools being soft and yellow in color. The belly was now slightly swollen, but not tender. There were present marked nervous symptoms, to wit: rolling of the head and an occasional shrill cry. She was fretful when aroused, but if left to herself there was slight tendency to stupor, the child not giving heed to what was going on about her. There was frequent grinding of the teeth. She had not cut her eye and stomach teeth, but the gums were not tense nor swollen, and hence her symptoms were not due to dentition. There was nothing special about the treatment employed. It should be stated that the bowels were very susceptible to the action of laxatives.

By the end of the first week the evening temperature had risen to 103°, and it never afterwards rose higher. There were marked morning remissions in the temperature (at least 1.5° F.) The nervous symptoms were likewise much more marked at night. About the middle of the second week I for the first time observed a profuse eruption over the upper portion of the abdomen, the spots being small, rather dark, elevated, and disappearing upon pressure. There was a second and perhaps a third crop of the eruption. There was now slight tympany and tenderness; stupor had grown a little deeper, the other nervous symptoms already mentioned varying but little. About the twelfth day, and for two or three days subsequently, there was present perceptible internal strabismus of left eye.

The temperature ranged from 102° to 103° F., until the end of the third week, when it began to decline steadily and permanently. The pulse ranged from 120 to 140, and was small.

With the decline in fever-heat, there was a corresponding improvement in the bronchitic and nervous symptoms. The diarrhoea, however, had been replaced by slight constipation from the end of the second week. After four weeks the patient began to convalesce. The patient was extremely debilitated, and strength did not much improve during the next fortnight; thus recovery was very protracted. During her convalescence, and for some months subsequently, there was partial inability to use the left leg. The child had been able to walk very well prior to her illness, but was unable to do so many weeks after her convalescence.

The second case was a child two years old. I

was first called October 20th. The symptoms were slight diarrhoea, which the mother stated had been present for two days. The stools were liquid, greenish, and contained bits of undigested food. There was slight swelling and tenderness of the abdomen. Temperature 101° $\text{C}$ , pulse 110, tongue coated with yellowish-white fur and very dry.

The nervous systems, however, were the most striking, and it will be observed that they closely resembled those present in the first case. The patient was peevish; there was frequent rolling of the head, grinding of the teeth, and rather frequent sharp cries. There was very slight tendency to stupor. I learned from the mother that the child had been unusually fretful for some days previous. The mother had observed that during a passage the head symptoms were worse, and that the child would frequently cry out. There was no vomiting. According to my note-book these were the symptoms present for the next week, with but slight changes in her condition, the temperature never going above 101.5° $\text{F}$ , nor the pulse 120 per min. On the third day, however, there were slight twitchings of the muscles of the face, and the child would frequently frown. This child had cut all of her first set of teeth. The convulsive twitchings were only noticeable for about three days, when the stupor increased, but the child was still easily aroused. The diarrhoea also became more marked toward the close of the first week, there being at least half a dozen stools daily. On the eighth day of the disease the symptoms began to abate. The fever subsided rather suddenly, and at the same time the nervous symptoms and diarrhoea rapidly improved. On the tenth day the patient began to convalesce, and at the end of two weeks had nearly recovered.

*Remarks.*—These cases are reported solely for the interest which centres around the question of diagnosis. To form a positive diagnosis in such instances may prove too difficult, but their study will, I trust, be both interesting and profitable. In the cases whose histories I have just sketched, we have to distinguish between at least three affections, to wit: tubercular meningitis, typhoid fever, and enteritis or entero-colitis. It can readily be shown that our second case was not one of tubercular meningitis, though the earlier symptoms corresponded to those of the latter disease, and for a few days there was doubt and a strong suspicion that this dread disease was developing. The nervous symptoms were very similar to those exhibited by tubercular meningitis, viz., the

sharp cries, rolling of the head and eyeballs, repugnance to external impressions, the tendency to stupor, and the frequent grinding of the teeth. There were also slight spasms of the muscles of the face for several days. But on the other hand, there were no marked convulsions, no hemiplegia, no contractures of the limbs or partial palsies, no strabismus, and, finally, no "tache cerebrale."

Again, there was no slowing of the pulse-rate, retraction of the abdomen, no vomiting, and the bowels, instead of being constipated, were loose. Moreover, the whole course of the disease was rather too short to admit of its being pronounced tubercular meningitis. Was this case one of typhoid fever? Such a diagnosis does not appear to me to be warranted by the facts. But first let us hastily enumerate the points in favor of this idea. There was a continued type of fever, with the accompanying nervous symptoms frequently present in this disease when it occurs in children. Diarrhoea was present with slight tympany and tenderness of the abdomen.

Notwithstanding these evidences pointing to typhoid fever, a closer analysis will doubtless lead to the conviction that the symptoms were due to intestinal disorder, and not the fever poison. The temperature did not rise sufficiently high—not exceeding 101.5° $\text{F}$ .—and reached its height on the third day of the illness. The fever was also of short duration—about ten days.

Again, while there was moderate diarrhoea, the stools were not of ochre color, as is generally the case in typhoid fever, though I am aware that in bilious forms of the fever the stools are greenish, as in our patient's case. But it must be remembered that in this case there were present in the discharges particles of undigested substances; and this fact, along with the observation of the mother, viz., that during a passage the child's screams were increased, and all the other nervous symptoms as well, renders it still clearer that we had to deal with a case of enteritis or entero-colitis (there being no bloody stools, it was evidently not dysentery). Besides, convalescence was more rapid than is customary in typhoid fever of children, even in mild cases of the disease.

Is the diagnosis in the first case the same? We must answer in the negative. While the symptoms referred to the nervous system were very similar, there were other and important points of difference. The diagnosis in the first case evidently rests between typhoid fever and tubercular meningitis, and I fear it will not prove an easy task to decide the question aright.

Was it tubercular meningitis? The symptoms

present in this case indicating such a diagnosis were the following: Restlessness, mild delirium, manifesting itself chiefly in sharp cries, grinding of the teeth, rolling of the head and eyeballs, the strabismus, and tache cerebrae. But it will be seen that the picture is not by any means complete; many, and perhaps the most important symptoms of the disease being absent, viz.: vomiting, constipation, retraction of the abdomen, slowing and irregularity of the pulse, and the temperature was not fluctuating. Other symptoms might be enumerated, but these will serve our purpose. On the other hand, there were symptoms present which do not belong to tubercular meningitis, and which will be given hereafter. Hence it is quite safe to assume that this was not a case of tubercular meningitis. Was it typhoid fever? From a glance at the history of the patient, it will be found that many of the characteristic symptoms of this fever were present. The first symptoms were cough and fever, which were followed in the course of a single day by diarrhoea. It is true there were no prodromata as is usual, but this was probably owing to the extreme youth of the child—sixteen months. The course of the temperature and the pulse-rate were compatible with this view. There was no secondary rise in the temperature observed, though it may have been present, since toward the close of the disease the evening temperature was not regularly noted. Barring the strabismus, the nervous symptoms of the patient corresponded to what is frequently observed in typhoid fever of children. In these young subjects the delirium is exhibited to a great extent in sharp cries. The presence of the typhoid eruption would scarce admit of a doubt of this being the correct diagnosis. How shall we account for the strabismus? This is an important symptom in tubercular meningitis, but it has also occasionally been observed in typhoid fever. Palsies of single spinal nerves sometimes occur about the commencement of convalescence, and thus is explained the loss of motor power of one of the child's limbs.

Were there any symptoms belonging to the fever absent? Yes, epistaxis and hemorrhage from the bowels, but these symptoms are not infrequently absent in well-marked cases of the disease, particularly in children, and this fact does not therefore affect the question of diagnosis.

—Oöphorectomy in a girl eight years of age was recently performed successfully, by a French physician, Dr. Duchamp. The left ovary and a large part of the Fallopian tube were removed.

#### A PECULIAR CASE OF CONSTRICTION OF THE BOWELS.

BY D. H. STRICKLAND, M. D.,

Acting Assistant Surgeon U. S. Marine Hospital Service.

Thos. Kerr, aged forty years, and a merchant marine employed on the *St. Judea*, was admitted to the Hospital, September 10, 1883, at 10 p. m., suffering with severe pain in bowels (referred by him to the region of stomach). He stated on admission that he had been suffering from severe pain in bowels, and vomiting from early morning of the day of admission. When brought to hospital, vomiting had ceased, but pain in bowels was intense, and occurred spasmodically. He was given warm drinks and  $\frac{1}{2}$  gr. of morphia hypodermically to control pain, which had the desired effect after second  $\frac{1}{2}$  gr. of morphia was administered. He spent the night tolerably comfortably under the influence of the anodyne. My attention was called to the case early next morning, when I found a man of medium stature, with haggard expression, indicative of great suffering, tympanitic and distended abdomen (not overly sensitive on pressure), vomiting a greenish-yellow matter, and complaining of great pain in stomach.

After obtaining a history of the case, my first efforts were to allay pain, arrest vomiting, and make my patient as comfortable as possible. I continued the morphia hypodermically, applied large poultices of flaxseed-meal, in which a small portion of oil of turpentine was incorporated, and gave him ice freely to allay thirst and check vomiting. He continued to vomit for forty-eight hours after admission in spite of all we could do, but at no time were the dejections of a stercoraceous character. Pain was kept in subjection by the use of the hypodermic syringe and hot fomentations to bowels. After the lapse of forty-eight hours from time of admission, vomiting ceased, from which time he was able to retain iced milk, beef-tea, and milk-punch, which was given him freely, to counteract a flagging pulse. Pain continued the leading feature in the case, and we were obliged to continue the morphia hypodermically, which he would beg for if not given sufficiently often to subdue the pain. My first impression of the case was that my patient was suffering from some obstruction of the bowels, probably intussusception (although he informed me that his bowels had moved naturally two days previous). Hence, after vomiting ceased, I turned my attention to bringing about an action of bowels, and to this effect I gave him 10 grs. hydrg. submur. by mouth, and a large injection of warm water, to which was

added castor oil and oil of turpentine, with the instruction to have the injection repeated in two hours, if first should not prove effective. After second injection he had a slight fecal discharge, evidently from the lower bowel. Not being satisfied with the character of the discharge, I ordered him a full dose of castor oil and 10 grs. hydrg. submur. All the milk and beef-tea he would take, and with hypodermic injection continued often enough to control pain. Upon my next visit I was informed that he had another slight fecal discharge. I then ordered a tablespoonful of oil in whisky by mouth, and injection repeated, with no effect. My patient grew worse from day to day, and died on the morning of the eighteenth—eight days from date of admission.

Autopsy six hours after death. Rigor mortis fairly well marked, body emaciated and slightly warm. On opening the abdominal cavity, we found a marked congested, blackened condition of the entire alimentary canal. No effusion in peritoneal cavity, and upon further search we found a firm fibrinous band attached to the external oblique muscle of the right side four inches from umbilicus, extending to the left and around the small intestine near the junction of the ilium, and jejunum, then down and finally attached to the small intestine near its junction with the large bowel, completely constricting the small intestine at the encircling point.

The interesting feature in the case was, How could this condition of things have existed so long without causing any previous trouble, as the man stated he had never had a similar attack, and the organized condition of the band precluded the theory of a recent formation, but rather gave evidence of an old trouble of long standing, or probably may have been congenital.

#### COLD WATER PACK IN PNEUMONIA.

BY DR. EDWARD H. SHOLL,  
Of Birmingham, Ala.

A brief descriptive history of the treatment of two cases last spring in and near the writer's old home at Gainesville, Ala., will throw some light on a method of treatment with which for more than a quarter of a century he has been familiar in its application to other forms of disease, but not in pneumonia. The first case was that of a mulatto girl, fourteen years old. As to medical treatment, it may suffice to say that up to the seventh day all the ground that could be measured out, save blood-letting, had been carefully covered,

and in vain. Temperature ranged from 105° to 106½°; pulse and respiration rapid; expectoration characteristic, and the case from its exceeding gravity seemingly hopeless. A lounge was prepared on which a heavy double blanket, well soaked with the coldest water to be had, was laid. In this, the clothing being removed, she was carefully and thoroughly rolled and packed by careful nurses, and over this another pair of wet blankets was placed. Immediately the shock gave rise to violent paroxysms of coughing, with abundant expectoration of rusty-colored sputa. In less than thirty minutes the temperature had fallen a degree, the restless, tossing girl had become quiet, and in one hour she was sleeping a gentle and undisturbed sleep. The mistress of the house, an intelligent lady, made repeated observations of the temperature, had the cold water poured on as freely as was necessary, watching the pulse, one hand being left out, and at the end of seven hours, according to my directions, she was taken out of the pack, carefully dried, put back in bed to rest, and from this time on she continued to steadily improve. The temperature never came back to its old height; convalescence was as rapid as could be expected, thus happily terminating a case about as far removed from the possibilities of recovery as is ever seen.

The second case, a boy of seven years, has a similar history of symptoms of gravest import, delirium, anxious restlessness, high temperature. Stripping him naked, carefully packing him in four blankets thoroughly wet; the same violent paroxysms of coughing came on with free expectoration, followed by quiet sleep. Temperature soon fell one degree. As the blankets grew in the least warm, cold water was poured on freely, till at the end of three hours the temperature seemed permanently reduced, and the general condition more favorable, when he was taken out, dried thoroughly, and put in a warm bed. From this time on, improvement was decided; and fully as rapidly as could have been expected, he went on to perfect health.

It will be observed that in neither case was it necessary to repeat the process. Had it been properly indicated, it would surely have been done. So far as results go, it at least shows, if nothing more, that it does not add anything to the perils of a grave case, and very probably promotes decidedly the chances of restoration. Further practical study in this direction is not only admissible, but indicated, for in whatever way we add to our resources to cope with disease, we confer a lasting benefit on mankind.

## HOSPITAL REPORTS.

## CLINIC PENNSYLVANIA HOSPITAL.

SERVICE OF R. J. LEVIS, M. D.

Reported by Dr. GEO. F. SOWERS.

GENTLEMEN: You will recollect the case I had before you on the last clinic day, of the man whose skull was the seat of a compound, comminuted fracture. You will recollect that at the time, I trephined at the seat of fracture, and removed a number of segments of bone. Unfortunately, however, notwithstanding what had been done for his relief, the man gradually sank and died. At the autopsy it was discovered that a large effusion of blood had taken place beneath the dura mater, and that pus, also, was being poured out.

We have now before us for consideration another case of skull injury. This boy, while engaged with other juveniles in the pleasures of a stone fight, was the recipient of a blow on the head, over the parietal region, from a brick. This was on Sunday last. He was brought to the institution at once; and while there were absolutely no symptoms of a depressed fracture of the skull, except, of course, the local appearances of lacerated scalp, blood, etc., that might lead us to suspect the possibility of such an occurrence, yet, on examination, a decided depression and fracture were discovered.

Now, in the case of the man who had died, we had marked evidence, by the cerebral disturbance which was present, of the amount and seriousness of the damage done, and yet in this boy's case we find as great, or a greater amount of cranial injury, and absolutely no sign nor symptom that would indicate the serious character of the lesion. Notwithstanding the fact that cerebral disturbance was not present, four or five pieces of bone (detached) were removed from the seat of the accident. In addition, he was trephined in order that any depressed portions of bone might be elevated, or, if necessary, removed.

Now, this trephining was done in spite of and in defiance of the doctrine laid down in the books, and also maintained by the large number of our great and leading teachers on the subject of the trephine and its employment in fracture of the skull. The books lay it down as a rule, we may almost say sans appeal, that the trephine is not to be used unless cerebral symptoms are present, or arise shortly after the receipt of the injury, say in the first few weeks; but I consider this wrong teaching. I well recollect that shortly after I commenced the practice of surgery, and whilst still imbued with the idea that the trephine was not to be used unless specifically indicated, a case of fracture of the skull fell into my hands for treatment. The man presented no symptoms that in the light of my then knowledge, I felt would warrant me in subjecting him to the risks of the trephine—meningitis, etc., that possibly might thus be lighted up. Thus he was not trephined, and, to all appearances, fully recovered. The calm, however, was but illusive. In a few months, or at most years, the man became a most deplorable epileptic, and has been a con-

stant thorn in my flesh, as I occasionally see him on the street, and feel that all his trouble might have been obviated had I but trephined him; for the brain is probably, and has been, subjected to the irritation of some depressed spicule of bone, causing the epileptic condition. Had we not operated on the boy, the probabilities are that after months or years he would have fallen a victim to epilepsy and all its attendant miseries and horrors; now, at least, the best chance is given him to escape them. He at no time since the operation has had any troublesome symptoms; he has no particular rise in temperature, the thermometer marking but 99 $\frac{1}{2}$ °C, and no indications of cerebral involvement.

It is my practice in this hospital to administer to each patient admitted with cerebral symptoms of any kind, following an injury, one to two drachms of the bromides, in one or two doses, together with a saline purgative; and this course I also follow after the operation of trephining. Care should be taken to leave the flap very loose, or else to put in drainage threads.\*

Now as to some points in applying the trephine—something in unwritten surgery which, together with the most advantageous point of withdrawing splintered bone, I have never seen discussed in any work with which I have come in contact.

Do not attempt so to trephine that part of the instrument which rests, presses, or works upon the fractured portion of bone; you not only have a yielding surface then to deal with, but likewise an increase of the risk to the patient, for you cause the fragments or depressed portions to impinge on the cerebral substance more than they otherwise would. Apply the trephine to the nearest sound edge, and where possible use your elevator from and upon that point as a fulcrum; you will find that you can thus readily get the trephine under the depressed portions. If the fractured pieces are wedge-shaped, do not attempt to draw them out so that the basal end will be drawn toward the narrow apical extremity; withdraw the splinters in the direction of the widest angles, particularly if they are jammed or twisted into their abnormal positions; you may thus save yourselves much time and trouble, and the patient some risk.

This man now before us met with an accident; he tells us that he fell from a roof to the ground, a distance of thirty-eight feet. In such an accident the first thing we should look for is the evidence of greater or less systemic shock—that peculiar depressed condition which has never yet been thoroughly explained. This condition having been treated by stimulants internally, or hypodermically if great promptness is required—by hypodermics of morphia, or by carbonate of ammonia, or aqua ammonia and digitalis—the next step is to make a careful, thorough physical examination of the patient. Now, you may think it somewhat strange that I insist so on the thorough-

\*In the Pennsylvania Hospital India-rubber strands are commonly employed for this purpose, a cut section of one having a cubical appearance. These strands are about a foot or a foot and a half in length, and for small wounds may, of course, be cut. Their heaviness is somewhat greater than ordinary white store string, or about as heavy as the heaviest plaited ligature silk. They are not generally carbonized, though they may be by simply dipping in a 20 per cent. solution of carbolic acid in olive or petroleum oil (fluid cosmoline).—REPORTER.

ness of this procedure, but you will appreciate the desirability of it if you realize that it may sometimes save you serious trouble. It occasionally happens that for want of it on the part of resident surgeons, I find injuries and fractures that have not been suspected, though I must say that the present incumbents of that office have not as yet fallen under the ban. There are certain salient points about the body which seem to have a peculiar tendency to be sacrificed in cases of accident; the principal of these are the patella and clavicle; and singular to say, these very accidents are the most commonly overlooked. When fracture of the clavicle is to be dealt with, the best method of treatment, I am convinced after years of experience, is to place the patient flat on his back on a hard mattress, and use no apparatus whatever. If there is great displacement backwards, a small pillow under the shoulder will afford sufficient support, or if there is overriding of the fragments, a weight placed on the shoulder will remedy the trouble. The head should be somewhat elevated, to take off the tension of the sterno-cleido-mastoid muscle, this muscle being concerned in the displacement of the anterior portion of the bone; he must be absolutely flat on his back, and then there is but little tendency to displacement.

Fracture of the lower end of the radius is another accident peculiarly liable to happen, and should carefully be examined for. Further, the condition of the pupils should be carefully noted, in order that any hidden cerebral lesion may perhaps have light thrown on it; effusions into the orbit must also be looked for, as well as variations in the line of axis of the tongue when thrust out of the mouth.

Our next patient is a comparatively rare case in this hospital—namely that of ununited fracture; in the ordinary treatment and course of events, it but seldom happens that we see an instance of it. This man tells me that this leg, now fractured in the middle third of the thigh, was broken forty years ago at the ankle. He has had three fractures of different bones, exclusive of this, at different times in his life.

This one was received seventeen weeks ago, so that it has hardly become an ununited fracture, but rather one of delayed union; it is mobile, but yet resisting, and has not that flail-like character of a true ununited fracture.

The true way to treat a case of this kind is to get the patient out of bed and into the open air; have him use exercise and bear his weight on the bone, promoting attrition, and thus causing an increased flow of blood to the parts, thus hasten the deposition of callus. By this treatment I have seen the fragments unite promptly; the leg naturally hangs down, and so it is but after all placing it in a normal position. Of course, it is necessary to place the limb in a permanent fracture-dressing in order to afford the patient sufficient support.

A generous diet should be given the patient, and his secretions kept in good condition.

Our last case is one of diseased testicle complicated with hydrocele, the man having suffered some years since with an orchitis, which had left the testicle somewhat enlarged, the epididymis being also in the same condition.

From its appearance I should say we have here an encysted hydrocele, which is simply a variety of the ordinary hydrocele like that upon which I operated at the last clinic, only that this is not in the tunica vaginalis like a common hydrocele, but is between the body of the testicle and the epididymis. I called your attention at the last clinic to the differential diagnosis of hydrocele and other tumors of the scrotum and testicle. This tumor has a sharp, definite upper limit to its sac, whilst hernia and varicocele tend more to blend with the cord.

In hydrocele the testicle is in the lower third of the sac, in hernia it is at the very bottom of the sac, though here in a case of cystic hydrocele we find the testicle at the very bottom of the sac. In encysted hydrocele we generally find the fluid very clear, the ordinary hydrocele fluid being more of a straw-yellow, much more albuminous, and less attenuated than the ordinary hydrocele fluid.

In puncturing by the trochea the sac of a hydrocele, you must fix in your mind the depth to which you wish your instrument to penetrate; place your index finger at that point, then grasping the instrument firmly between the thumb and other fingers, allowing its heel to rest against the palm of the hand, thrust it in slantingly. As an injection I invariably use pure carbolic acid; its application is almost entirely painless, while it produces sufficient inflammation to eradicate the sac of the hydrocele. With iodine the patient suffers intensely, sometimes for days, but not so with carbolic acid, which I have been using ten years this month, and have seen no reason to discard. When agglutination is taking place, there is a peculiar doughy feeling in the scrotum; it is not elastic like that produced by an ordinary serous effusion, but feels rather as if plastic matter were being thrown out.

An ointment of ext. of bellad.  $\mathfrak{z}\text{j}$ , vaseline or cosmol.  $\mathfrak{z}\text{ij}$  should be applied to the testicle, and the iodides administered internally where disease and enlargement of the organ is present.

#### NOTES FROM THE PHILADELPHIA HOSPITAL.

SERVICE OF DRs. PARISH, M'FARLAN, AND PARCOAST,  
NOV. 24, 1883.

##### Ventral Hernia.

Dr. W. H. Parish presented an old woman with a superficial tumor in the umbilical region. The diagnosis lay between a fatty tumor and a ventral hernia. The percussion note was the crucial test; this being resonant, proves that the intestines are included in the tumor, hence it is a hernia. It has a somewhat doughy feeling, owing to the presence of some omentum. Umbilical hernias generally present the tumor *below* the umbilicus, and as it is *above* in this case, Dr. P. concludes that it is a ventral hernia. The ovaries and uterine may escape, as they have done, in some cases of ventral hernia; the bladder also may protrude and in some cases it will rupture. Although this tumor seems to be irreducible, with ordinary manipulation, yet, since it has existed a long time, and gives no trouble to the patient, he will let it alone, because the mortality after operative interference is great.

**Suspected Pregnancy.**

This woman, of weak intellect, has been sent to the obstetrical wards, to see if she is pregnant, because she has not menstruated since last March. Examination of the breasts and abdomen, as well as digital examination of the uterus, shows no signs of pregnancy. There is no retention of menstrual fluid, because the uterus is not enlarged and there is no uterine colic. On percussion over the abdomen, pain is elicited. Dr. Parish concludes that the woman is not pregnant, but that she is suffering from amenorrhœa due to a lack of vitality.

**Metritis.**

A woman aged forty, well until five months ago, was seized with severe uterine and rectal hemorrhage, which recurred ten weeks ago. Had always been regular in menstruation and was intemperate. There is no likelihood of abortion. The uterus is congested, not pale, as it would be, were the hemorrhage the result of a fibroid tumor. The passage of the sound demonstrates great uterine tenderness. She has now metritis, which will be treated by opening the bowels and keeping them regular, relieving the portal congestion (the result of her intemperate habits) poultices to abdomen and vaginal injections of hot water. When the metritis subsides sponge lint will be used, and a more thorough uterine examination made, when we may discover the hemorrhage to be due to cancer or to polyp.

**Continued Fever—Probably Typhoid.**

Dr. McFarlan presented to the class a young colored girl, in whom the diagnosis was in doubt. She entered the hospital in the third week of her sickness. There were no rose-colored spots; no epistaxis, the temperature ranged from 103° to 105° in the afternoons, there was bronchial irritation, she was delirious, and had diarrhœa. He believed it to be a case of typhoid fever. He laid stress upon the use of the thermometer in clinical medicine. He made this case the basis of some remarks on typhoid fever. He believes that there is no pathognomonic sign of this disease, that is to say, that all of the symptoms usually attributed to it, may occur in other diseased conditions, and *vice versa*. In malarial diseases the tongue is generally flattened out and flabby and it readily takes impressions from the teeth; that these indentations are produced by the teeth, is proven by the fact, that they are absent where a tooth has been lost. This condition of the tongue he has never noticed in typhoid fever.

He deprecated the idea of endeavoring to cure typhoid fever; all you can do is to keep the patient alive until the poison wears itself out. In his early days he was taught by Professor Mitchell and Prof. George B. Wood that nitrate of silver and turpentine were the remedies, par excellence, for typhoid fever: he tried these remedies and while the disease did not *quit*, his patients did. In one case in which he used nitrate of silver and the patient continued to grow worse, his rival, "the old country doctor" was called in and the patient got well, under the use solely of "Volatile Julip," composed of bicarbonate of ammonia, mucilage of gum acacia and cinnamon. This case opened his eyes and thereafter he ordered his patients to put one drachm of turpentine in twelve ounces of

gruel and take a tablespoonful every hour; he thinks this gruel did more good than the turpentine. He believes that when we become better acquainted with animal chemistry, we will discover some specific capable of destroying the activity of the typhoid poison. In most zymotic diseases, he believes that the germs introduced into the body proliferate and attain their full growth therein and when given out are capable at once of producing a like disease, but in typhoid fever, he believes that they do not attain their full maturity in the body, but are discharged imperfectly developed, and that they reach maturity outside of the body, in cess-pools, dung heaps, etc.; hence while most zymotic diseases are contagious, typhoid is only infectious. He does not believe that sewer gas can cause typhoid fever, but that it so enfeebles the system as to render it susceptible to the pernicious influence of the typhoid poison. He believes that there exists a poison for all life, and that in time we will discover a destroyer for the life of the typhoid cause. When called to a case of continued fever, if in doubt, he gives quinine for three or four days; if malarial, it is relieved; if typhoid, it is not: in the latter event, he then orders ten drops of dilute muriatic acid with two grains of chlorate of potash every two hours. He gives milk, systematically, every two hours; and does not allow it to be sipped in the intervals, for if you put fresh milk on top of that partially digested, you are apt to cause fermentation and bad results. If, after awhile the pulse becomes weak and rapid he uses alcohol, according to indications, but not digitalis, which, under such circumstances he does not regard as a heart tonic, but thinks rather that it tends to paralyze the heart.

**Cataract—Hare-Lip—Exsection of Hip Joint.**

Professor William H. Pancoast closed the morning's service with three interesting operations. One important point in the diagnosis of cataract is that the patient can see better in "half-light," in the morning or at twilight, because the pupil being then dilated, allows the light to pass around the opacity or cataract, while in the bright light, the pupil is contracted around the opacity, and thus the space for the admission of light is diminished. He prefers the needle operation, by which the cataract is broken up and pushed aside, when the cataract is soft and even sometimes when it is hard, because there is less shock and less danger than in extraction, though every case has to be studied and the appropriate operation decided upon. Before operation, he always dilates the pupil well with atropia. In congenital cataract he advises immediate operation. Much delicacy is required in these operations about the eye, yet to see Dr. Pancoast operate for cataract one would suppose that it was a very simple matter; he certainly knows how to use his hands.

For hare-lip, he prefers the modified Malgaigne operation. He incises the frenum and would even loosen the nose, if necessary, so important does he consider it to let the flaps lie loosely. He introduces pins and puts black silk sutures over them; each day he loosens or cuts one suture, to see if the pin is irritating the skin; if so, he removes it.

About the most forlorn-looking specimen of

manhood that could be well imagined was brought in suffering from hip joint disease. He was going down hill rapidly and it seemed evident to the class as it did to Prof. Pancoast that he was doomed. It was supposed that the head of the femur as well as the acetabulum were involved in destructive disease, the result of synovitis from "cold." The operation of exsection was performed and the diagnosis was verified. We will take interest in reporting the result of this seemingly hopeless case, in which Dr. Pancoast was much averse to operating, but where he felt, as all must have felt who saw it, that an immediate operation to relieve the poor wretch of his "life-drain," was the only possible hope he had.

To prevent bed-sores in these bed-ridden cases, Dr. Pancoast uses oxide of zinc ointment on patent lint, fastened on with adhesive plaster and washes the "pressed-upon" parts with alcohol and alum. The force that is requisite to dislocate a joint was well illustrated in the course of this operation, for even after all its attachments were divided, it required sufficient of the *considerable* strength of the operator, to dislocate the joint, to make him red in the face.

#### NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

##### Gastro-duodenal Catarrh.

Dr. Draper presented a typical case of this affection in a woman, age twenty-one. A bronchial catarrh (the result of cold) subsequently invaded the gastro-intestinal tract, giving rise to the following symptoms: Pain in the left side, nausea and vomiting, yellow complexion, increasing in intensity, urine high-colored and stained with bile, and the alvine evacuations pasty and clay-colored; itching of the skin, gastric and hepatic tenderness, with a slight enlargement of the liver. This catarrhal inflammation, after involving the stomach, extended into the duodenum, and then from the increased secretion of mucus and the thickening of the mucous membrane the ductus-communis became closed, and the conditions were thus formed, which were favorable for the absorption of bile into the circulation, which caused a discoloration of the skin and urine. The light-colored stools show the absence of bile from the intestines. This is a more common disorder in young persons than in adults, and it is not at all uncommon to find it in young children as a result of a cold, or in those in whom there is a lithæmic state of the constitution, or as a direct result of over-eating or of vicious feeding.

The treatment of this disorder consists simply in enforcing rest in bed, and in washing off the secretions from the gastro-intestinal mucous membrane by means of saline or mercurial cathartics and alkaline drinks. And of these the carbonate of soda in Vichy water is one of the best. The mucous membrane after being thus cleansed is soon restored to its natural condition.

—In the *Glasgow Med. Jour.*, November, 1883, Mr. John Carey reports a case of neuralgic ciliary pain, cured by stretching the nasal nerve.

## MEDICAL SOCIETIES.

### PATHOLOGICAL SOCIETY OF PHILADELPHIA.

#### Very Large Ulcer of the Stomach.

Meeting, September 13, 1883.

The President, Dr. James Tyson in the chair.

Dr. C. W. Dulles presented the specimens of this case. The patient, a lady aged thirty-five years, complained of a constant burning pain in the region of the stomach, which nothing seemed to relieve. She vomited daily, sometimes immediately after a meal and sometimes not until evening. She was anæmic, emaciated and weak. No tumor could be found on physical examination. Under a milk diet, with pepsin and ten drops of sulphurous acid every three hours, she did not vomit for ten days. Having eaten a fritter, all her evil symptoms were aggravated, and she vomited altered blood. The diagnosis wavered between carcinoma and simple ulcer. When placed in the knee-elbow position a tumor could now be felt. Hamamelis, one drop every twenty minutes and one-quarter grain of oxide of silver thrice daily constituted the treatment. From this time to her death (six weeks later) she was careless about her diet, yet there was no hemorrhage, little inclination to vomit, and very little pain.

*Autopsy.*—At the upper part of the pyloric orifice of the stomach there was a firm, puckered induration, resembling a cicatrix, and close to it, a large ulcer about two and a half inches long and over an inch wide. Although the ulcer extended through all the coats of the stomach, the fluid contents of this organ had not escaped, because the ulcerated part of the stomach was attached by adhesions to the adjacent pancreas.

#### Tubercular Ulcerations of the Intestine, with Tubercular Infiltration of the Lungs and Spleen.

The patient, a woman aged forty-three, was admitted to the Episcopal Hospital, July 16, 1883, complaining since last April of vomiting and purging, which it seemed impossible to check. No cough. Opium and astringents temporarily relieved the diarrhœa, and the gastric irritability became less. The diarrhœa became again worse, and about a week before death (which occurred August 30,) she complained of cough, when auscultation revealed tubular breathing and gurgling below the right clavicle.

*Autopsy.*—The right lung presents at its apex a cavity about the size of a pigeon's egg, with smooth walls. Numerous cheesy nodules in spleen. About eighteen inches from ileo-cæcal valve, the small intestine presents two or three small round ulcerations and mucous surface everywhere injected. The large intestine presents everywhere evidences of chronic inflammation.

#### Cancer of the Liver.

While at work, the patient, age sixty-five, began to experience pain in the epigastric and right hypochondriac regions. Two weeks later he noticed that he was jaundiced, and that there was a lump in his abdomen. There was constipation, anorexia, cachectic appearance, tongue yellow coated. Purgatives failed to influence size of tumor.

**Autopsy.**—Section of the liver showed complete infiltration with cancer nodules and little or no normal hepatic tissue could be seen.

Meeting, September 27th.

**Specimen of Posterior Nasal Hypertrophy in Situ, Together with an Exostosis from the Vomer.**

During the discussion of this specimen, Dr. Seiler said that all sufferers from hay fever invariably have hypertrophic nasal catarrh, and, if during the winter you remove the hypertrophies with a dental drill or the cautery knife, the hay fever will not return during the summer. The anterior end of the nares is not at all sensitive, and the septum of the nose may be deflected at this point without producing any more symptoms than those caused by the occlusion of the cavity, while posterior and middle parts are very sensitive.

**General Melanosis.**

Dr. Carl Seiler read the history of and exhibited slides from a case of general melanosis, in which the diagnosis had been rendered easy by the black urine, without corpuscular elements, and later on by the black saliva.

**Malignant Growths of the Stomach and Ovaries.**

Dr. Eskridge reported this case. In the latter part of 1882 the woman fell on her stomach and hurt herself considerably. Soon after, her abdomen became painful and began to swell. Previously she had been in good health, and there was no history of cancer or syphilis. During the spring of 1883 her abdomen was tapped twice, and on each occasion a large quantity of straw-colored, serous fluid was drawn off. During July she was tapped twice again with similar results. Throughout the whole sickness, while she was emaciated and her appetite poor, yet her stomach was tolerant. On July 17 no nodules could be felt in any portion of the abdominal cavity. Urine normal, no heart nor lung trouble. A few days later about three gallons of yellowish, serous fluid were drawn from the abdominal cavity, after which a tumor just below the ensiform cartilage, as well as one in each ovarian region could be felt. She grew gradually weaker and died August 1. The stomach was small, and while the growth encircled the pyloric end, its thickest portion was along the lesser curvature. Growths were found on each ovary, while the uterus was normal. The absence of nausea, vomiting, etc., is explained by the enormous dilatation of the pyloric orifice, which readily allowed undigested food to pass from the stomach into the bowel (she had occasional diarrhoea). All through the abdomen were plastic evidences of inflammation, the probable result of the fall. Dr. Formad said (without a microscopic examination) that he did not think there was any trace of cancer in the stomach or ovaries, but that it was a case of chronic fibroid gastritis. This occasioned a discussion, and the specimens were referred to the Committee on Morbid Growths for examination.

**Cysto-Sarcoma of the Female Breast.**

Dr. De Schweinitz exhibited this specimen for Dr. John Ashhurst, who removed it from the breast of a single woman, aged 38. No family history of cancer could be elicited. The woman suffered from flatulent dyspepsia and headaches. In February, 1883, she noticed a lump in her left

breast. This gradually increased, the growth being painless, however, until March, when she began to suffer from intermittent, lancinating pain, and the tumor took on increased activity. It was removed August 9th, and the woman made a good recovery.

**Recurrent Scirrhus of Male Breast.**

This case (presented by the same gentleman) possesses peculiar interest for two reasons: 1. On account of the comparative rarity of cancer of the male breast. 2. Because the second growth had its point of beginning where one of the sutures had been introduced at the primary operation. This suggests the question, whether it would not be an interesting study to make sections of the edges of flaps that are to be about approximated after the removal of malignant growths and note whether any morbid manifestations would present themselves, ready to be lighted up into active growth by any irritation, as in this instance, by the passage of a suture. It teaches one practical lesson, that all incisions for such purposes, should be carried as far into healthy tissue as possible. There was no family history of cancer or of injury, but some enlarged axillary glands, the patient stated, were present at the time of the first operation.

**Phthisis—Absence of Perietal Paricardium—Malposition of Liver.**

Dr. W. E. Hughes reported the case of a man age thirty-three who had been in the Philadelphia Hospital under the care of Dr. Bruen. The diagnosis was made of chronic plastic pleurisy, with consequent phthisis, and the needle of an aspirator introduced about the middle of the area of flatness with negative results. After a fall and a slight pulmonary hemorrhage he died in fifteen minutes of apnoea, the heart continuing to beat after the respirations had ceased. At the autopsy, a complete absence of the pericardial sac was noted, the heart lying free in the left pleural cavity. The right lobe of the liver, about its middle, turned sharply upon itself, and, carrying the diaphragm with it, extended upward to the third rib. The left lobe was very small, and was not carried up with the right.

**Spindle-celled Sarcoma of the Rectum.**

Dr. MacConnell exhibited this specimen. The case was operated upon by Dr. Levis. Three years ago the patient (male æt. 43) noticed pain, uneasiness, and tenesmus of the rectum. He was very constipated; hemorrhage only occurred as the result of the passage of hardened feces. After two years he noticed a tumor, the size of a walnut, detected by his finger in the rectum. This gradually increased in size, until at the time of operation it was as large as the fetal head. By bearing down, he could protrude the tumor, when the parts presented the appearance of the fetal head when distending the vulva. The tumor weighed nearly one and a half pounds.

**Ulcerated Scirrhus of Mamma.**

The same gentleman exhibited this specimen. It was one of the so-called "spontaneous cures by sloughing" of carcinoma, but it proved the fallacy of this, since the base and periphery of the resultant ulcer as well as the lymphatic glands gave distinct evidences of active carcinomatous processes.

**Autopsy of Case of Pleuro-Pneumonia in a Cow.**

Presented by Dr. Thos. J. Dunn, of West Chester, Pennsylvania.

The disease was of ten days' duration, and the prognosis being hopeless, the animal was killed. The rectal temperature was 104.4°, respiration 89, pulse 42, eyes sunken, ears drooped, back somewhat arched, great difficulty in walking, slight exertion causing dyspnea and coughing. Respiration was jerky and shallow; there was slight muco-purulent coryza. Percussion gave absolute dullness over entire right side and lower part of left, while over the upper portions resonance was normal or slightly exaggerated. Auscultation; absence of vesicular murmur on right, and even bronchial breathing could only be detected over circumscribed areas; over upper part of left side, auscultatory signs normal; below, nothing could be heard.

**Autopsy.**—Much emaciation, muscular tissue of a deep mottled red, exuding on pressure much venous blood. The pleural cavities contained about six quarts of clear serum, with a few flakes of lymph. Both layers of the pleura were covered with from 1 to 3 inches of thick, tough, unorganized lymph, the membrane itself being rough and congested. The weight of the membrane was estimated to be twelve pounds. The left lung was crepitant throughout, but congested below; the right lung was completely carnified, while some of the largest bronchi were filled with plastic plugs, which, on removal, left the mucous membrane rough and swollen. The other bronchi had their mucous membrane swollen and congested. Frothy muco-pus exuded from the cut lung surface when scraped. The solidified lung was estimated to weigh 50 pounds, the norm being 3½ pounds. Right heart was dilated and its tissue soft; as the animal had been bled after death, the vessels were nearly empty. Other organs healthy. Microscopical examination of the blood  $\times 670$  to  $\times 11,000$  from the heart showed innumerable globular or oval micrococci from 0.35 to 0.5 m. m. They rarely grouped in colonies, more frequently in pairs, but usually single. Lung-scrapings showed granular cells, shreds of tissue and innumerable micrococci. The cells contained bodies resembling the micrococci of the serum; they were non-soluble in ether, neither did they stain with aniline green, nor hemotoxylin, whether in an acid or alkaline solution, while the remainder of the cell readily colored. Aided by Dr. Martin, of West Chester (who aided me in the microscopical examinations detailed,) I have commenced culture-experiments, which in one instance have succeeded.

The next specimens presented were from "*A Case of Typhoid Fever, with Abortion in the Third Month, Ulceration of Peyer's Patches and Highly Fatty Kidneys.*" In the discussion which ensued, Dr. Woodbury stated that he had had a case of profuse bleeding, due apparently to menstruation, in the course of typhoid fever.

Dr. Formad exhibited a "*Heart with Extensive Ulceration of the Inside of the Left Ventricle,*" forming an aneurism about one inch in diameter.

**The Pathology of Phthisis and its Laryngeal Complications.**

Meeting October 25, 1883.

Dr. Seiler read a paper on this subject, in the course of which he deprecated the indiscriminate

use of the terms phthisis and tuberculosis, when speaking of lung disease, as it was calculated to mislead the student and make careful investigation into the etiology and pathology of these diseases extremely difficult. He defined tuberculosis as an auto-infectious disease, manifesting itself primarily by the production of minute neoplasms called miliary tubercles, which rapidly undergo retrograde metamorphosis, ending in caseation, while phthisis he defined as a progressive consolidation of the lung tissue, due to a more or less localized inflammation, affecting primarily the apices, and undergoing retrograde metamorphosis. The laryngeal lesions never appear prior to the lung disease in phthisis; they are characterized by a peculiar pallor of the mucous membrane, the tumefactions generally affect the posterior portion of the organ, and the ulcerations are shallow and have a tendency to spread over the surface. Tubercles are never found in the tissues of the larynx in phthisis, while in tuberculosis they have been found there prior to the lung implication; the tumefactions are more commonly observed in the anterior portions, and the ulcerations are deeper, with raised edges.

Dr. J. C. Wilson heartily agreed with Dr. Seiler's assertion concerning the curability of certain forms of chronic lung disease, when treatment is instituted early, and he thought that nothing had exerted a more unfavorable influence upon the therapeutics of such diseases than the false view that the constitutional tubercular diathesis invariably antedates the local lesions of pulmonary consumption.

Dr. F. P. Henry, while not convinced of the primary importance of the bacillus as a cause of tuberculosis, inclines to attribute to it a prominent part in the production of the secondary symptoms of phthisis, those of systemic infection, which are largely septic in character. A small ulcerating cavity communicating with the absorbent vessels, is more disastrous in its effects than a larger cavity shut out from the absorbents by a living membrane or wall of fibroid tissue.

Dr. Bruen agreed in the main with Dr. Seiler; he believes in a hopeful prognosis in the early stages of many varieties of phthisis, more particularly when the lesions are localized, and *vice versa*. He considers it proven that phthisis can be produced by inhalation of inorganic irritating particles, especially if there be an inherited predisposition or an artificially damaged constitution.

Dr. Mills thought that the prevalence of tuberculosis among those afflicted with chronic nervous and mental diseases would lend support to the views of Formad rather than to those of Koch.

Dr. Eskridge considered that this last fact only tended to prove that a prolonged period of lowered functions of the body, was a favorable condition for the development of tuberculosis. He admits that he is in the dark as to the pathology of tuberculosis, for enough proof has not yet been advanced to establish the truth of any theory. He called attention to the fact that the best clinical observers of large experience, such as Flint, Da Costa, and Hughes-Bennet, considered tuberculosis and phthisis to be identical.

Dr. Davis believes that tubercle is a local affection, and since he has seen tuberculous affections of the knee recover without operation, he believes

that the same condition in the lungs can also get well in some cases.

#### Cylindrical-celled Epithelioma of Cæcum.

Meeting, November 8, 1883.

Dr. Wm. E. Hughes related the history of a man aged forty-six, whose family history, as far as it could be learned, was good; no history of malignant disease. The only incident in his past life, bearing on the present trouble, was a frequently recurring, sometimes easily checked, diarrhoea, with which he had been troubled off and on for years. When he came under observation he offered the usual constitutional symptoms of malignant disease. The abdomen was slightly tympanitic, but neither abnormality nor tenderness could be detected upon the deepest pressure; but a very thorough examination was impossible, as the ribs extended almost to the crest of the ilia. After improving (the diarrhoea) under treatment, he was seized with a chill, followed by fever (temp. 102°) and died in a few hours, apparently from failure of the vital forces. In the cæcum, completely surrounding the gut, but producing no obstruction, was a ragged, ulcerated neoplasm developed apparently from the mucous membrane. Microscopical examination showed it to be a cylindrical-celled epithelioma. Sudden death is quite common in chronic diarrhoea, due to cancer, possibly caused by a sudden disturbance of the vasomotor centres, the cause acting through the abdominal sympathetic. The other organs were comparatively healthy, but gave evidence of wear and tear, due to the exposed life the man had led as a car-driver and a laborer.

#### Sarcoma Occupying the Anterior Mediastinum.

Dr. Edward T. Bruen reported a case, interesting from its rarity. A shoemaker by trade, who was in the habit of pressing instruments against his chest, was admitted to Blockley Hospital in December, 1882, suffering with emaciation and pain in the chest, which gradually and rapidly increased; it was most severe over the upper segment of the sternum and radiated around the chest. There was dullness on percussion, bronchial respiration and cardiac sounds almost absent; all of which signs were confined to a space about four inches square at the upper part of the sternum. There was some interference with the circulation, evidenced by lividity of the face and enlargement of the veins of the neck.

The patient died in February, 1883, when the ante-mortem diagnosis was confirmed, by the discovery of a sausage-shaped sarcoma, seven inches long, overlying and compressing the aorta, pulmonary artery and vessels of the neck. The case is rare in so far as there were no other parts of the body implicated.

Dr. Formad then exhibited the apparatus used by Koch in the cultivation of bacteria and described the methods used.

Drs. Ridge, of Camden (N. J.), and Dr. Shakespear, Philadelphia, discussed the subject.

#### Corrosive Sublimate as an Antiseptic.

The corrosive chloride of mercury has long been known as an efficient antiseptic, and of late its use has been considerably extended in German hospitals, with results, it is claimed, superior to

carbolic acid. A solution of the strength of one per cent. is employed in the gynaecological clinic at Breslau for washing the hands before examinations, etc., cleansing instruments, disinfecting basins, etc. Dr. Küstner, of Jena, uses a solution of one part to 5,000 for medical inspections in the cystitis of lying-in women, with excellent results.

#### COLLEGE OF PHYSICIANS OF PHILADELPHIA.

##### A Note on the Feces of Starch-fed Infants.

BY N. A. RANDOLPH, M. D.,

Assistant Demonstrator of Physiology in the University of Pennsylvania.

The series of experiments presented in the preceding paper by Dr. Keating seems to me to be in the highest degree suggestive, for it is only rational to suppose that the development of the amylolytic ferment of the pancreatic juice is coincident with the appearance of the analogous salivary ferment. Inasmuch, however, as the food even in spoon-fed infants is retained but a short time in the month, and further, as the continued action of the saliva after it enters the stomach is as yet problematical, the only absolute control for such observations is afforded by an examination of the feces.

Through the kindness of Dr. Keating, I have been enabled to examine the stools of twenty-four starch-fed infants, of ages varying from forty-five days to eighteen months. Twenty-three of these children were fed upon cracker-dust, water, and condensed milk. The twenty-fourth received corn-starch boiled in milk.

The freshly-evacuated feces of each infant were carefully bottled and labeled, and a drop of a solution of iodine was added to a small portion of each specimen, which was then submitted to microscopical examination. Besides turning the starch blue, and indicating the presence of dextrine by a peculiar mahogany-red color, the iodine has the advantage of rendering any fats which may be present much more readily apparent. The reaction of each specimen was taken, but though this varied from acid to alkaline and neutral, no correlation between the reactions and the other properties of the specimens could be observed. A decoction of each was tested for glucose with freshly-prepared Fehling's solution, but except in one instance no appreciable amount could be found.

The presence of starch was exceptional, and apparently in no degree dependent upon the age of the child. The stools of eighteen out of the twenty-four children contained either no starch, or but a trace, i. e., no more than is frequent in the evacuations of a healthy adult upon a mixed diet. Six of these specimens were from children of three months or less—the youngest being but forty-five days old. In many cases the broken and empty cellulose envelopes of the starch granules were clearly discernible.

The six infants in whose evacuations a noteworthy amount of starch was present were aged respectively three, four, ten, thirteen, fourteen, and seventeen months. The eldest two were in very bad health.

The following is a tabular statement of the age, diet, and appearances of the feces in the children forming the subjects of this study:

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## AN EXAMINATION OF THE FECES OF TWENTY-FOUR STARCH-FED INFANTS.

No.	NAME.	AGE.	FOOD.	STARCH PRESENT.	REMARKS.
1	Savin,	45 days,	Condensed milk and cracker-dust.	None.	
2	Jocker,	2 months,	"	Traces.	
3	McGettinger,	2+ "	"	"	
4	McGowan.	3 "	"	"	Twice examined: no fat before inunction, about 10 per cent. after.
5	Ross,	3 "	"	"	
6	Hays,	3 "	"	About $\frac{1}{4}$ starch.	
7	Soy,	3 "	"	Traces.	
8	Henwich,	4 "	Corn-starch and milk.	"	
9	Moore,	4 "	Condensed milk and cracker-dust.	None.	Many broken cellulose envelopes.
10	Conway,	4+ "	"	Traces.	Evidences of potato surreptitiously given.
11	Roach,	5 "	"	About $\frac{1}{2}$ starch.	
12	Anxier,	5+ "	"	None.	
13	Schmitz,	5+ "	"	"	Many bacteria.
14	McKinley,	6+ "	"	"	10 per cent. fat; had had inunctions.
15	Hall,	8+ "	Bread and cracker food.	Traces.	
16	Hensen,	10+ "	Condensed milk and cracker-dust.	More than normal.	Many bacteria; evidences of potato surreptitiously given.
17	Divine,	13— "	"	20 to 30 per cent.	Some glucose present and indications of dextrine; saliva was found to be inefficient.
18	Croncia,	14— "	"	Traces.	
19	Madden,	14 "	"	"	
20	Boyle,	14 "	"	10 per cent. starch.	Sick.
21	Glass,	14+ "	"	None.	Except a few large cells containing starch from potato.
22	Kinscher,	17— "	"	"	
23	Wood,	17— "	"	Over $\frac{3}{4}$ starch.	Syphilitic; saliva was found to be inefficient.
24	Dane,	18 "	"	Traces.	Indications of dextrine.

The facts presented appear to justify the following conclusions:

First, that *many* infants of under three months can digest starchy foods.

Second, that the individual variations in this regard are so numerous that no broad and general statement can be made as to the period at which infants *begin* to digest starches; and

Third, that the physician can be absolutely certain that a farinaceous ingredient in the diet of a young infant is beneficial, only by an examination of the dejecta under such diet.

[After the reading of the preceding paper:]

Dr. Keating spoke of one case in which fat was found in the feces—cod-liver oil had been administered in the form of inunctions, and the child fed alone on Borden's condensed milk.

Dr. Randolph replied that he had found 10 per cent. of fat in the feces of a child which was receiving two inunctions of cod-liver oil daily. He

was now conducting some experiments upon the subject, and intended to report the results to the College in a communication to be read at a future day.

#### Precautions in Belgian Theatres.

The Communal Council of Brussels have issued some new regulations, which are specially directed against "sensational scenes of the kind which introduce fire and explosives." No such scenes are henceforth to be allowed without the permission of the authorities, and then only under prescribed conditions. The manufacture or storing of explosive substances in theatres is prohibited. Such substances, when permitted, are to be kept in a building apart, in the charge of the firemen of the establishment, and can only be introduced by them immediately before they are required for scenic effects.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### The Detection of Micro-organisms.

The *London Med. Record*, October 15, 1883, says:

The older methods employed under the names of *aërosco*py, etc., for the microscopical examination of solid particles floating in the air, and arrested by cotton, glycerine, etc., failed to distinguish living and dead organisms, even organic and inorganic matter. The liquid cultivations, with which the name of Pasteur is associated, do so much; but the fluid, turbid to the naked eye, exhibits under the microscope only a confused mass of organisms of all kinds, and is totally unfit for artificial cultivation, since it gives no means whereby the products of the implanted germs may be distinguished from those which have gained access by accident.

The principle of pure cultivation, viz., the employment of a solid medium, we owe to Koch; and in his hands it has recently been so improved as regards details, that it has become to some extent both a qualitative and a quantitative test. In his address to the Aertzetag at Berlin, read on May 23 last, Dr. Koch describes the methods he employs at present in the bacterioscopic examination of earth, air, and water. (The paper is published in the *Allgemeine Med. Central-Zeitung* for July 2.)

For the examination of air he takes a freshly boiled potato, slices it, and, after exposing a slice for a short time to the air in question, allows it to stand some days in a warm room under a bell-glass, covered with wet blotting-paper; the glass, like all other apparatus, having previously been sterilized by heat. After a few days, the potato will be seen to be covered with points of various colors, each point representing the progeny of a single germ or organism. Numerous species may be recognized even by the naked eye, but each patch, of course, consists of but one.

Another method consists in the employment of a thin slice or solution of gelatin, 5 per cent., or 10 per cent., according to the temperature of the place or season. This may be used alone, or as the means of solidifying any desired fluid. A favorite cultivation fluid of Koch's, especially suited for bacteria, consists of veal broth or other infusion of meat with 5 per cent. of gelatin, 1 per cent. of dry pepton, 0.5 per cent. of table salt, and carbonate of soda to exact neutralization. These media are sterilized by boiling.

For the examination of air, a small glass cup, containing some of the gelatin previously sterilized, is let down by a strip of brass foil to the bottom of a glass cylinder closed by a large plug of wadding. The whole apparatus and contained air are then sterilized by long exposure to a temperature of 100° C. When the size has set, the vessel is taken to the place to be examined, and the plug removed for two, twelve, or twenty-four hours, so as to allow the germs to settle down on the surface of the size; the plug is replaced, and

two or three days are allowed for their development into colonies, as described in the case of the potato. The size, or thin gelatin, has this advantage over the potato that, being transparent, it can be examined by transmitted as well as by reflected light.

For quantitative examinations, i. e., to ascertain how many germs are present in a given volume of air, Dr. Koch employs a special apparatus designed by Dr. Hesse, in which the gelatin is spread over the floor of a horizontal tube as a layer of uniform width; and, by means of an ingeniously contrived method of aspiration, a known volume, from two to twenty litres of air, is drawn through the tube so slowly that the germs, sinking to the bottom in virtue of their gravity, are all deposited in transit on the gelatin in the first half of the tube.

For the examination of water, Dr. Koch formerly shook up a certain number of drops of water in question with liquefied gelatin in a test-tube. But quite recently he has adopted a modification of this method; which permits a numerical estimation of the viable sperms in water, and, as a corollary, a comparison of several waters: this he has satisfactorily applied to the river waters, sewage, effluents, and potable waters of Berlin. (See *Sanitary Record* for February 15, 1883.)

A quantity of the water to be examined, varying according to the purity as gathered from an ordinary microscopic examination, from several drops down to .01 of a drop—i. e., a drop of a corresponding dilution—is intimately mixed with the gelatin, and spread out as a thin film on a sterilized glass slide, covered with a bell, and examined with a lens of about thirty diameters after the lapse of thirty to sixty hours. The colonies appear as vacuoles in the gelatin; and to count them a thin glass cover, ruled in square centimètres, is laid on the slide: the number in each of several squares is taken, and from the mean of these the number first in a drop and then in a cubic centimètre is calculated. Good waters will yield fifty to one hundred colonies to the centimètre, unfiltered river waters as many thousands, while in sewage they are to be reckoned by millions. At present, he has not been able to distinguish between pathogenic and other bacilli, but he entertains serious hopes of progress in this direction.

In examining earth, he merely sprinkles over the surface of the coagulated gelatin fine particles of the soil. In the moist atmosphere of the bell, the germs adhering to the particles of earth soon develop into colonies. A curious result of these experiments, and one that has a direct bearing on the action of the earth in purifying sewage, is that, while bacteria swarm near the surface, there are but few at a depth of two feet, and practically none at three.

We may here subjoin some estimates of the number of viable germs found by Koch in a cubic centimètre of each of the waters around Berlin, valuable for the light they throw on the effect exerted

on water by filtration through earth, and on the vexed question of the influence of sewage effluents on running streams.

In Berlin sewage . . . . .	38,000,000
Effluent from the irrigation areas . . . . .	87,000
Effluent, after mixing with the water of the Wuhle and before being discharged into the Spree . . . . .	52,000
The Spree above the outfall of the Wuhle . . . . .	115,000
The Spree below the outfall of the Wuhle . . . . .	118,000
Rummelsburger See (a lake used for a water supply) . . . . .	32,000
Waterworks at Stralau, before filtration . . . . .	125,000
“ “ “ after filtration . . . . .	120
Good Spring waters . . . . .	100
Distilled water . . . . .	50
	5

#### Notes on Ether Narcosis.

Dr. Leslie Phillips, who has had not inconsiderable experience in ether administration contributes a very practical article to the *Med. Times and Gaz.*, September 8, 1883, from which we take the following:

Mr Teale made a valuable suggestion when he said that ether should be given in a curve of harmonic progression, as may well be done by a Clover's inhaler, beginning with air, and gradually increasing the dose of ether till the patient breathes nothing but ether vapor. This is the best possible way to avoid struggling and to give courage to the timid. I would add this fact, that the longer a patient has been narcotized, the less ether he requires to keep up the narcosis. The drug has a kind of cumulative action, probably from the tissues becoming saturated with the vapor. At any rate, it is a fact that, in order to be kept under, a strong man, for example, will require to respire unmixed ether vapor till three or four ounces have been inhaled; then, and not till then, may the administration be a little relaxed, and an occasional breath of air be allowed: say on every fourth inspiration the inhaler may be removed. To state it as an aphorism: "The more ether taken, the less is required to prolong the narcosis."

The best way to observe the conjunctival reflex is by the associated action of the other orbicularis palpebrarum. Touch the right cornea, and watch the left eye; if the left orbicularis does not respond, suspend ether. It must be observed, however, that from natural causes the conjunctiva in some patients becomes under ether very dry, and then loses to a great extent its sensibility, so that its reflex cannot be elicited. This fact must be borne in mind; for, if not, we may be apt to think that our patient is deeply narcotized, when such is not the case.

Ether acts as a respiratory stimulant, and, when the patient is once asleep, diminution in the force of the respiratory acts generally means that the patient is coming from under the influence of the anæsthetic. If the inhaler be removed, or if there be no ether in it, the breathing may become so feeble as to be almost imperceptible, more especially since it is contrasted with the previous vigorous breathing during inhalation. In this way, alarm at the patient's condition may be caused; but the pulse is good, and, more easily

observed still, the eye-reflex will be found much more easily elicited than before. In a few moments, unless more ether is given, the patient will move and come round.

During ether narcosis, ankle-clonus may generally be easily obtained. The danger of administering ether in Bright's disease is admitted, and on one occasion the wisdom of the observation forced itself upon my notice.

The usual rule observed during the inhalation of ether is that the surface of the body, especially of the face, neck, and upper part of the trunk, gets hyperæmic, and feels hot to the touch. This is more noticed in hot weather. It is to be observed, therefore, that the patient should be covered as much as possible with blankets to prevent chill, which is likely to easily take place in such condition. After the inhalation has been continued for a time we frequently observe that the surface becomes very cold to the touch and bedewed with moisture. This is probably due to shock, and though likely to cause some alarm to the inexperienced, it is, in my observation, of not much significance.

For patients who are very anæmic, from long-continued disease or from hemorrhage, ether is the appropriate anæsthetic, but even it must be used with much skill and caution. Such patients easily become narcotized, and are easily kept under. At first the pulse and general condition seem to improve, but this will not last long, and signs of failure will very soon be observed, notably failure of wrist-pulse. No rallying power is manifested, the heart gradually fails, the lungs fill up, and the patient dies without recovering consciousness. The lessons which such circumstances should teach are: Firstly, the anæsthetist should use the minimum quantity of the drug, not attempting to produce complete coma. Secondly, the anæsthetist himself should see that the patient is surrounded with hot bottles and blankets during the operation. Thirdly, the surgeon should perform the operation as though the patient were not under the influence of an anæsthetic; he should think he was operating in 1843. Fourthly, when it is obvious that the patient has not rallying power, and it is plain that he is dying from anemia, it is my opinion that the introduction of a saline fluid into a vein should on no account be omitted.

#### Mercuric Chloride as a Surgical Dressing.

Dr. William Robertson has been using it in the strength of one-sixteenth of a grain to eight ounces of water, and in the *Brit. Med. Jour.*, November 3, 1883, after detailing a case so treated, he says:

The noteworthy features in the use of this salt as a surgical dressing, if future experience bears out its value, as shown in this case, are these:

1. Its facility of application.
2. Its almost costless nature.
3. Its comparative innocuousness: for we are allowed, according to the results of Koch's experiments, if these be found applicable to germs in wounds as to pathogenous germs, a much further dilution of the salt; although, in this respect, it must be considered that a slight penetration of the salt is beneficial, as it thereby tends to kill

the germs that have extended more deeply into the tissues.

Since writing the above, I have had again an opportunity of trying the salt, and with equally satisfactory results.

In one case, a compound fracture of the humerus, scarcely one teaspoonful of pus has been secreted during a course of four weeks' treatment, and the fracture, in its process of repair, has closely resembled what takes place in simple fracture; there has been no odor, no pyrexia. In another instance, a case of excision of hip-joint, in the person of a boy who had suffered from morbus coxæ for four years, previously to excision sinuses existed all around the joint, discharging pus in great quantities, of bad odor. At the resection, extensive disease was found in the femur and acetabulum and removed. Now, after three weeks' treatment, the inflammatory exudation, so extensive in the tissues surrounding the necrosed bone, has very considerably diminished; the daily (twenty-four hours) discharge of pus is reduced to about six drachms, laudable, and free from any odor. The extensive surgical wound has closed so far up, that a drainage-tube cannot be introduced. The temperature is, for the most part, normal, and the hip is free from pain. The boy sleeps remarkably well, and eats with a fair appetite. The old sinuses in this case have practically ceased discharging. The lotion here was applied, as in the other cases, on lint, and any sinuses or crevices were forcibly syringed out with it. This patient had to remain for five hours on the operating-table previously to removal to bed, and had to be freely stimulated and kept warm, showing how far he had been reduced by the long course of the disease; nor does it seem that he will have to go through such a long period of recovery as it is usual in such cases, should he go on improving as the last three weeks have shown.

#### Puerperal Fevers.

From an interesting letter on this subject from Dr. F. H. Lombard in the *Boston Med. and Surg. Jour.*, May 31, 1883, we extract the following:

For the ten years (1812-1822) previous to the introduction of anatomico-pathological studies in Vienna, the rate of deaths from puerperal fever in the lying-in hospital was 1.8 per cent. During the year 1823, when students, for the first time, were obliged to dissect and to make post-mortems, the mortality rose with a leap to 7.5 per cent., and from that time until 1847, when Seimelweis introduced his rules for disinfecting hands, instruments, etc., with calcium hypochloricum, the death-rate never fell below 2.2 per cent.; it averaged for these forty-five years 6.2 per cent., and in 1842 reached the formidable height of 15 per cent., every sixth or seventh woman confined dying from puerperal fever.

The introduction of disinfectants brought the death-rate for 1848 again down to 1.3 per cent., and since that time it has never risen above two per cent., except during the interval from 1852 to 1857, when disinfection was for the time abandoned (its efficacy being questioned), and, significantly enough, the death-rate rose again as high as nine per cent.

In 1865 carbolic acid was introduced, and from

that time to the present antiseptic precautions have been observed with constantly-increasing vigilance, and with correspondingly gratifying results. With an average of more than 10,000 births a year the mortality from puerperal fever for the last five years in Vienna Lying-in Hospital has been under 0.75 per cent.

At Prague the results are not less striking. For the ten years (1865-1875) previous to the building of the new hospital the death-rate from puerperal fever averaged 6.67 per cent. per annum; maximum 11.6 per cent.; minimum 3.08 per cent.

Since the completion of the new hospital, which is a masterpiece in its hygienic arrangements, and since the introduction of antiseptic precautions rigidly observed, the number of deaths has decreased in the following remarkable ratio:

Date.	Delivered.	Died.	Died, 1 in	Per cent. Deaths.
1876	2627	30	87.6	1.14
1877	2704	34	79.5	1.26
1878	2776	45	61.7	1.68
1879	3010	11	273.7	0.36
1880	2813	13	216.4	0.46
1881	2927	7	418.1	0.24
1882	2963	7	423.3	0.24

#### Structure of Hemorrhoids.

At a recent meeting of the Pathological Society of London (*Med. Times and Gaz.*, November 10, 1883), Mr. W. J. Roekel, after referring to the old belief that a hemorrhoid was an angioma, and mentioning that Ledrun had described the structure of a pile 150 years ago, gave an account of the microscopical appearances, derived from the examination of between thirty and forty cases. A hemorrhoid consisted of a mucous membrane, a muscular layer, and a submucous layer containing blood-vessels. Over the outer part the epithelium was squamous, but there were no sweat-glands; above this it was columnar. The muscularis mucosa was hypertrophied. The veins were much more prevalent than the arteries, and their walls were thickened.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—An important article, reprinted from the *Transactions of the Pennsylvania Medical Society*, is by Dr. William S. Little, on "The Possibility of Abnormal Ocular Conditions Through the Sympathetic System, Impairing the Function of the Uterus." A noteworthy case in point is reported.

—Dr. R. S. Sutton, of Pittsburgh, in a reprint before us, discusses briefly the various methods of managing the pedicle in ovariectomy, especially among European operators. It is a paper that every ovariectomist ought to read.

—Of the series of thoughtful papers on population, heredity, change of constitution, and social influences in New England, written by Dr. Nathan Allen, of Lowell, the most recent is one in the *Popular Science Monthly* on "Changes in New England Population." We are glad to learn that the author proposes to collect these essays and publish them in a volume. They well merit it. We have had few observers so well-instructed and so philosophical, and we have no hesitation in saying that the general perusal of this volume would be a signal public benefit.

—To those who have formed an unfavorable opinion of the late Dr. George M. Beard, a short sketch of him by Dr. A. D. Rockwell, published by E. B. Treat, 757 Broadway, New York, will prove good reading. It presents the character of this fluent and versatile man in its true light and is a grateful monument to his memory.

—A new quarterly journal to be called "The International Review of Medical and Surgical Technics," will be started in Boston, January 1, by Drs. Joseph H. and Charles Everett Warren and Willard Everett Smith. It will be devoted chiefly to the description, illustration and discussion of instruments, appliances and methods of operation that have been recently devised or published.

—"Laceration of the Cervix Uteri" is a subject about which the general practitioner should know a great deal, for he will save his patients a great deal of after-trouble if he is prepared to recognize and correct it at once. Dr. Joseph H. Warren, of Boston, has made a valuable contribution to the literature of the subject, which we receive as a reprint from the *Boston Med. and Surg. Jour.*, August 30, and September 6, 1883.

#### BOOK NOTICES.

**A Practical Treatise on Materia Medica and Therapeutics.** By Roberts Bartholow, M. A., M. D., LL. D., etc. Fifth edition, New York. D. Appleton & Co. Cloth, 8 vo. pp. 739.

The author has found it necessary to submit this treatise to a thorough revision in view of the appearance of the last edition of the U. S. Pharmacopœia, and has taken advantage of the occasion to incorporate in the text what was required to bring the work up to the recent advances in therapeutics. Many parts have been rewritten, and new material added. The volume is already so favorably known to the profession that it is needless to enter at length into its plan and the position which the author occupies with regard to

the science of therapeutics. The wide range of his observation, and his accuracy in the study of remedial agents, have enabled him to produce a work which will long remain as a standard with the American profession.

**Insanity, Considered in its Medico-legal Relations.** By T. R. Buchham, A. M., M. D. J. B. Lippincott & Co. 8vo. cloth, pp. 263.

There is scarcely a subject on which there is greater need of enlightenment, both in and out of the profession, than that with which this book is occupied. It is addressed to lawyers as well as physicians, and quite as much to legislators and thinking men generally. We have been well pleased with the author's opinions and arguments. He shows with great clearness that any given test for insanity is practically worthless; that the mental state can often only be definitely ascertained by an exhaustive study of the patient's general condition, personal history, and family antecedents; and that no one is or can be qualified to undertake this examination except those who have devoted long and special study to this branch of mental disease. Even then, they are practically incapacitated from forming a correct opinion if they approach the subject with a bias, that is, if they are retained by one side or the other of a contested case; hence they should be employed by the state, and act with entire absence of partisanship.

**The Pathology and Treatment of Venereal Diseases.** By Freeman J. Bumstead, M. D., LL. D., etc., and Robert W. Taylor, A. M., M. D., etc. Fifth edition, 8vo. pp. 906. H. C. Lea's Son & Co.

By the regretted death of Dr. Bumstead, the revision and continuation of this work devolved upon Dr. Taylor. He has rewritten a large part of the text and made the numerous additions which are requisite to keep abreast of the constant labors of syphilographers in America and in Europe. Such new topics are the bacillus origin of disease, and the inoculation of animals with the virus of chancres. An interesting addition to the therapeutics of syphilis is the fluid extract of erythroxyton coca, which the author has come to regard as one of the most valuable agents at our command. It acts, not as a specific against the poison, but by virtue of its general tonic power on the heart, nervous system and capillaries.

The volume is handsomely published, and contains 139 wood-cuts and 13 chromo lithographic figures, very useful for the differential diagnosis of the various ulcerations, specific and non-specific, of the penis. We may justly name this as one of the very best works in this specialty in any language.

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**SEWER-GAS VS. TYPHOID FEVER.**

It must seem strange to those outside of the profession to note how frequently and how radically we change our views in reference to what seem to be well-established and well-attested facts.

To us, it is all right; we perfectly understand that medicine is not an exact science, and we do not pretend that it is; when we first are told that some generally accepted idea is erroneous, we have the patience and courage to attentively listen while some progressive iconoclast mercilessly demolishes our cherished opinions; and if he gives good arguments for his new doctrine, we boldly accept his views and cheerfully consign our former sentiments to the shades of oblivion among the many other exposed fallacies of our patiently investigating and often disappointed science.

A few years ago, sewer-gas and typhoid fever were almost interconvertible terms, so firmly did we all believe in their close relationship of cause and effect.

But, like the at-one-time universally accepted and cherished theories of Buffon and Bonnet—theories so beautiful and apparently so plausible that for years the intellectual world recognized them as facts, this theory of sewer-gas causation of typhoid fever seems about to be abandoned, for the want of sufficient evidence to maintain its position as a *fact*.

In the East, Dr. George Hamilton, in a paper read last winter before the College of Physicians of Philadelphia, and in the West, Dr. W. Ayer, in the Transactions of the California State Medical Society for 1883, both combat the old view, and make strong appeals, supported by good arguments for its relegation to the realm of by-gone superstition. Between these two extremes of our country there are many who hold similar views, while without the pale of the profession, Colonel Waring, the noted sanitary engineer, falls into line in the march of the new departure and gives old sewer-gas a hearty push from its elevated position as the cause of typhoid.

The new view, which seems to be a very rational one, is, that while sewer gas, *per se*, that is to say

the gas or gases produced by the decomposition of simple organic matter, in sewers or out of them, cannot produce the specific form of continued fever, that is called typhoid, yet it can and does so depress the vital powers that it renders the individual more susceptible to, because he lacks the vitality to fight against the specific poison of typhoid or of any other disease.

But these men claim that there is some specific and particular poison (not yet discovered) concerned in the production of typhoid fever, and that while this principle may exist in the gaseous emanations from sewers, privies and dung-heaps, that it does not necessarily exist there, but may be found in other places.

Sewer gas then is an adjuvant only to the cause of typhoid fever.

Good bye, old friend; we congratulate you on being shorn of some of your horrors, but we still cannot regard you as desirable company in our living-rooms, and so long as possible we would prefer to have you as thoroughly oxidized as is compatible with your well known aversion to cleanliness, before admitting you into the innermost recesses of our poor body.

#### METHODS OF INVESTIGATION.

It is a very natural and proper desire on the part of those who introduce new therapeutic agents, or invent novel surgical instruments, to have them fully and fairly tried by the profession as early as possible, and to obtain an accurate opinion as to their value.

How best to accomplish this has occupied the attention of several of our contemporaries of late. One plan is to send specimens or samples to a large number of practitioners scattered over the land, together with a printed list of inquiries, which they are expected to answer from their observations after having used the drug or instrument. This has been called a "collective investigation." The replies obtained are counted, dissected, and the result declared by the numerical majority.

The objection to this plan is that it presupposes an equality of investigating faculty among all respondents; but the whole history of natural

science shows how erroneous is any such assumption; and we have but to turn to the recent history of homeopathy, or spiritualism, to note how vastly more important is the observation of one logical mind than the collective unanimity of hundreds of nearly equal general education, but of defective mental training.

Another plan lately suggested by Dr. F. R. Stewart, of this city, is a revival of the government medical laboratory, such as we had during the war, but especially directed to the study of new drugs and implements. There is much to be said in favor of this plan, but it would have to be carried out with great caution to prevent it falling into the grip of the politicians on the one hand, or, on the other, from being manipulated for the merely commercial interests of one or two firms. Either would be utterly destructive to its value; and the dangers of both are so great, that we frankly feel disinclined to advocate the risk of the enterprise.

A third suggestion is the endowment of special laboratories in connection with leading medical colleges, for the express purpose of studying the physiological and therapeutic effects of new remedies, and for reporting upon them from time to time. This is substantially the plan carried out in Germany, and we believe it to be the best of all. In a measure, it has been introduced into this country, and we can name several such physiological and therapeutic centres of observation. Being connected with extensive clinics and hospitals, the best opportunities are offered for both forms of observations; free from political pressure, wholly in professional hands, controlled by thoroughly trained and honest-minded men, checked in their verdicts by the studies of similar institutions, they present all the elements required for a thorough study of drugs, and an unbiased expression of the results.

In our opinion, therefore, the attention and efforts of the profession should be directed to enlarging the scope of these laboratories, and not to the organization of those under the influence of government.

**PREMATURE GENERAL PARALYSIS.**

From the age of forty to forty-five years is the usual period for the development of general paralysis, and M. Luys has shown that the progressive development and increasing density of the fibroid tissues (nevroglie) of the nervous centres constitute a sort of preparatory state for the development of the anatomical alterations which are peculiar to this form of paralysis.

Cases have, however, been observed much earlier, in patients of thirty and even of twenty-five years of age. In a case cited by Turnbull, the patient, only eighteen years old at the time he saw him, had presented the first symptoms of the disease at twelve years of age. It must be remembered, however, that general paralysis occurring so early in life, is in some cases brought on by alcoholism. M. Regis, in a recent memoir in the *Journal de Medicine de Bordeaux*, states that he has met but with two precocious cases among 317 patients; one was twenty-four, and syphilitic, and the other twenty-five, with an hereditary predisposition to brain disease. The only real case of precocious development of the disease, without concomitant constitutional disease, and presenting all the classic symptoms, he observed at the asylum of Buscat-Bordeaux. The patient was twenty-four years of age, and had presented the first symptoms of the disease two years previously. All the usual symptoms were present: profound mental weakness, morbid optimism (without actual delirium of ambition), generalized and progressive muscular weakness, very marked embarrassment of speech, inequality of pupils, involuntary evacuations, etc.—so that there was nothing wanting to constitute the disease.

**PROGRESSIVE MUSCULAR ATROPHY.**

At the recent Congress of German physicians and naturalists, held at Fribourg, M. Lichtheim, in an important memoir on the subject, held that there existed clinically three forms of progressive muscular atrophy.

1. A form, undoubtedly of spinal origin, including those cases where the disease is combined with bulbar paralysis. The lesion in such cases in-

cludes not only the anterior horns, but also the pyramidal facial.

2. The typical form, characterized anatomically by alteration of the anterior cornua alone. This alteration is similar to that met with in the preceding form, and the spinal nature of the disease appears evident. The third form, which appears to originate in the muscles themselves, corresponds to the juvenile form described by Erb. In discussing this communication, M. Erb insisted on the fact that the symptomatology of progressive muscular atrophy was as yet incomplete. A number of diverse affections are yet confounded with it, even by the most experienced clinicians. He maintains the existence of a juvenile form of the disease, of very slow evolution. It is characterized by progressive feebleness and atrophy of certain muscles of the shoulder, arms, and pelvis; it is not accompanied by fibrillary tremor, and the portions of the muscles remaining intact are hard and not soft. The mechanical excitability of the atrophic muscles is abolished. The progress of the malady is very slow (thirty years in some cases), and the prognosis by no means so grave as in ordinary forms of progressive muscular atrophy.

**OUGHT IT NOT TO HAVE BEEN MANSLAUGHTER?**

The daily papers record the finding of the dead body of a brakeman on one of our railroads, horribly mutilated; and before the coroner's inquest, the conductor of the train to which this man belonged testified that he was in the habit of sitting on the track when his train was waiting on a siding, and that at these times he occasionally fell asleep.

It was asserted that the brakeman had been on continuous duty for twenty-eight hours. A verdict of accidental death was returned.

Without further comment, we ask our readers whether, if they had been on this coroner's jury, they would have returned a verdict whereby a rich and powerful corporation, that had so little conscience as to make one of its employees work for twenty-eight consecutive hours, is freed from responsibility.

This question of overworked corporation employees calls loudly for reform.

#### THE TRANSPORTATION OF NITRATE OF SODA.

That this is a dangerous article to handle is evidenced by an accident that recently occurred on a train en route from San Francisco to Santa Cruz.

Several cars were loaded with this drug, which was uncovered. After being exposed to a fog, the sun came out, and in a short time the nitrate of soda was ignited. The blazing salt poured down the hillside, destroying everything in its course.

Suppose this had happened on a steamer in mid-ocean. Of course, such a supposition is not a likely one, for in such a case (on a vessel) it is very likely that the salt would be protected from the sun's rays; but such a thing might happen, and in view of the great combustibility of this article, stringent care should be exercised in its transportation.

### NOTES AND COMMENTS.

#### The Reporter for 1884—Increase in Size.

We have the pleasure of announcing that from January 1st next we shall add *four* more pages of reading matter to the *REPORTER*, making *thirty-two* in all. This increase will be permanent, except, perhaps, during the midsummer months, when clinics and lectures are not in active operation. The large amount of valuable material which has pressed upon our columns this last year or two has made this step necessary, and our readers will have all the benefit of it, as they will receive for the same price as heretofore a much larger amount of reading matter.

It is gratifying to see that the efforts we have made to render the *REPORTER*, *par excellence*, the practical weekly visitor to the physician, have been so fully appreciated by the profession that we can make this addition of about four hundred pages a year to our columns without asking any other aid from our readers than a continuance of their patronage.

We may take this opportunity to request our readers to remember us with a prompt remittance of their subscription for 1884. Early attention on their part to this annual request will enable us to do better by them all through the year, and

will spare us the always unpleasant task of sending "reminders."

#### Resection of the Ankle by an Artificial Pott's Fracture.

In order to avoid dividing tendon or ligaments, or injuring artery or nerve, and removing only such structures as are diseased, Dr. H. C. March recommends the following operation in the *Brit. Med. Jour.*, November 10, 1883. A transverse incision was made over the fibula, about  $1\frac{1}{2}$  inches above the external malleolus, exposing the bone, beneath which a chain-saw was passed, and the fibula was cut almost through. A long, crescentic, cutaneous incision was then made across the inner aspect of the joint, below the tip of the internal malleolus. The skin-flap was dissected upwards, and, with a Hey's saw, the malleolus was cut through, from without inwards, on a level with the base of the tibia. The foot was then forcibly everted, fracturing the partially divided fibula and the interior of the joint was fully exposed. Finally, a quantity of diseased bone was removed from the astragalus, and the base of the tibia, the joint well syringed with carbolic lotion, a drainage-tube inserted, the skin drawn together with wire sutures and the limb placed in a box splint with antiseptic dressings. The result was entirely satisfactory.

#### Comminuted Fracture of the Tibia from Indirect Violence: the Fibula not Being Broken.

Dr. C. H. Watts Parkinson reports this case in the *Brit. Med. Jour.*, September 22, 1883:

The following case may be considered interesting: I was sent for on July 5th to see a man named A. C., aged 50. He stated that he was getting a sail-cloth off a rick, and was pulling at a rope, when the rope broke, and he fell backwards, and his right leg, on which the weight of his body was, doubled up under him. I found a comminuted fracture of the right tibia at the lower third. The fracture was an oblique one, and the sharp upper fragments of the tibia were pressing against the soft parts. There was, apparently, a loose fragment of bone, and great swelling over the tibia above the seat of fracture. There was no fracture of the fibula, and the leg maintained the proper position. The ankle was not dislocated.

This case appears to me interesting for two reasons:

1. The serious nature of the injury to the tibia, considering the cause of the accident.
2. The fact that the fibula was not broken at the same time.

**Constant Crying in an Infant from Hunger.**

It is not sufficiently recognized by physicians that though a mother may have an abundance of milk, it may not be suited in quality to the nourishment of her child. Such a case recently presented itself to Dr. Parvin (*Coll. and Clin. Record*, Nov. 15, 1883), where the child was constantly crying. When a drop of the mother's milk was placed on the finger nail, held obliquely, and allowed to run off, it scarcely left a trace; when dropped into a tumbler of water, each drop, as it fell, caused the faintest cloudiness, and a microscopical examination showed the number of milk globules to be very small. The child was fed on cow's milk diluted with barley water, to which a little sugar was added. The crying ceased, and it grew plump and strong. To properly make barley water: Take an ounce of pearl barley, and wash it in cold water, then put it in a vessel containing half a pint of water, and let it be gently heated over the fire, so that the water just simmers a few minutes; now pour off this water, replace it by a pint and a half of water, and boil down to a pint.

**Macroglossa Treated by Paquelin's Cautery.**

The *Med. Times and Gaz.*, September 22, 1883, quoting from *Centralb. f. Chirurgie*, says:

Helferich, in 1879, employed ignipuncture with successful results in the treatment of macroglossa, and now Dr. Weizsäcker relates an equally successful case which occurred in Brun's clinic at Tübingen. The greatly enlarged tongue of a girl, five years of age, projected constantly out of the mouth, and greatly embarrassed respiration. Fourteen punctures were made with a Paquelin, from above downwards, at about a centimetre from each other, and five in a transverse direction, without a drop of blood being lost. On the third day, secondary hemorrhage occurred from the intercommunication of three of the punctures, but this was arrested by chloride of iron. The tongue gradually diminished in size, was withdrawn within the mouth, and all embarrassment of respiration ceased.

**A Vehicle for Salicylic Acid.**

As we have recently been asked for a good vehicle for this drug we note the following from *The Druggist*, November, 1883:

Take of Oswego corn-starch one tablespoonful, to be thoroughly rubbed up in several ounces of cold water. Add a quart of milk, set on the fire, and stir until the mixture has boiled sufficiently to become homogeneous. The addition of sugar and essence of vanilla or lemon will give a deli-

cious blanc-mange. Twenty grains of the salicylic acid can be rubbed up in a mortar with a cupful of the blanc-mange, which may be eaten warm or cold. The acid taste is entirely disguised, and a medicine irritating to a healthy stomach can be safely administered in combination with a nutritious but light food to such patients as are in need thereof.

**Removal of the Kidney.**

This operation is still so comparatively rarely performed that it deservedly attracts attention, especially so if the case recovers. An additional point of interest in the case reported to the New York Pathological Society (*N. Y. Med. Record*, Nov. 24, 1883), is found in the fact that the removed kidney was tuberculated, and the tubercle bacilli was found therein. When the patient sat up and twisted her body, a tumor was felt just below the liver, which seemed to be the kidney, with its long axis at right angles to the long axis of the body. Pus and albumen were found in the urine, and since the kidney seemed to be dislocated, it was removed through an incision in the abdominal walls, just to the right of the umbilicus. Simple, uncomplicated floating kidney does not call for operation.

**Treatment of Burns.**

The main point to be secured in the local treatment of burns is the exclusion of the air, and this is usually accomplished by a mixture of oils, but Daniel Bruce writes to *New Remedies*, October, 1883, that the free use of soft soap is exceedingly satisfactory in relieving the pain, after which linseed oil may be used with wheat flour dusted upon it. When this is dried hard, repeat the oil and flour until a complete covering is obtained. Let this dry until it falls off, and a new skin will be formed without a scar. He writes from personal experience, but if he recovered *without a scar*, we imagine the burns must have been very superficial.

**Excision of Superior Maxillary Nerve for Tic-douloureux.**

This form of neuralgia is oftentimes exceedingly rebellious to all ordinary treatment, and will yield only to the operation above indicated. To the Clinical Society of Maryland (*Maryland Med. Jour.*, Nov. 24, 1883), Dr. Tiffany related a case upon which he had performed Carnochan's operation—a man, æt. 35, who had a most violent tic, for two or three years—practically continuous for several months. He trephined the superior maxillary

bone, entered the sphenomaxillary fossa, and removed 2—2½ inches of the nerve. The patient had been free from pain, but it was too soon yet to announce the result.

#### A New Decapitating Instrument.

Whenever it becomes necessary to decapitate a child in utero, the idea of such an operation is sufficiently repulsive, and it becomes doubly so when we are compelled as we have hitherto been, to actually drag the head off with a blunt hook. Hence we note as a humane improvement, anyhow, the instrument devised by Dr. Robert B. Dixon, and described in the *Boston M. and S. Jour.*, September 27, 1883. It combines a blunt and sharp hook. When the blunt hook is inserted over the neck and the neck is broken by it, the turning of a thumb-screw in the handle, draws out a sharp knife on the inner surface of the blunt hook, and by simple traction and an up-and-down movement of the handle, the head is separated from the body.

#### Kairin in Typhoid Fever.

Before a late meeting of the Suffolk District (Mass.) Medical Society, Dr. F. W. Draper read an account of two cases of typhoid fever treated by kairin, and expressed the opinion that thus far the employment of this new substance has not been followed by better results than have attended the use of the more common agencies for the treatment of fever, which latter, if less energetic in lowering the temperature, are followed by no alarming symptoms, while in certainly one case in which kairin was administered the immediate effects of the drug were dangerous to the life of the patient.

#### Nothing Like a Good Constitution.

In the *Nashville Jour. of Med. and Surg.*, September, 1883, Dr. C. S. Briggs reports a case that bears strong testimony to the disease-resisting power of a strong constitution. Excision of the elbow joint for compound comminuted fracture was performed in a man who was in perfect health. While his room was next a foul smelling water-closet and overlooked a badly-kept alley, yet he did not once give evidence of any bad effect from the foul air, and made a most rapid and complete recovery.

#### The Action of Quebracho.

A number of experiments, chiefly by Italian and Spanish physicians, which we find recorded in our foreign exchanges, satisfactorily show that

quebracho, and its alkaloids aspidospermin and quebrachin, act with positive effect in reducing the action of the heart and relieving many cases of dyspnoea. Mariani considers it the only agent known which exerts a specifically anti-dyspnoeic action, by itself. He finds its exhibition very beneficial both in asthmatic and nervous dyspnoea, and that which accompanies inflammatory pulmonary affections. Its action on the heart is decided enough to reduce its pulsations twenty in the minute.

#### An Ever-ready Splint.

Much pain is oftentimes caused to the unfortunate possessor of a broken leg, by the handling necessary in removing him from the place of accident to a hospital or his home, and particularly is this so, if we do not happen to have handy a splint, with which to steady the fragments. In the *Polyclinic*, Dr. R. J. Levis suggests a very sensible and efficient procedure, when he says "the uninjured limb can be made to temporarily act as a splint, and take care of the injured one, by simply bandaging the limbs together."

#### Germes of Cholera Infantum.

A number of examinations have been made by Dr. Baginsky to ascertain the presence of characteristic micro-organisms in the dejections of infants suffering from cholera infantum, or in the contents of their bowels after death. He has discovered very large numbers of a bacillus-like formation, and also other germs or low forms of life rolled up in balls and little masses. His experiments in cultivation, however, have not as yet yielded positive results.

#### Antiseptic Dilatation of the Uterus.

It is urged by Prof. Schulze, of Jena, that the present antiseptic methods have reduced dilatation of the uterus to an operation entirely without danger, and that in consequence a wide field is opened for the diagnosis and successful direct treatment of diseases of the uterine cavity, as catarrh, endometritis, etc. It is rarely necessary to make any incisions, except where there is cicatricial narrowing. Carbolic acid is his favorite antiseptic, in a two or three per cent. solution. Dilatation is made with a laminaria tent.

#### Internal Administration of Magnesia for Warts.

While we can hardly conceive that putting magnesia into the stomach can have any possible influence on warty growths, yet M. Fonssagrives says (in the *Jour. de Med. et Chir. Prat.*), that it

has. In one case, he recommended a pinch of calcined magnesia daily. In two months and a half the warts dried up and disappeared. This sounds like empiricism, but it can do no harm to try it.

#### **Pigmentary Degeneration of the Retina in Deaf Mutes.**

Dr. W. Tobin calls attention to this condition which he has observed in deaf mutes, the result of intermarriage of near blood relations (*Canada Med and Surg. Jour.*, November, 1883), and in which he considers treatment hopeless. Generous diet, attention to general health, and the use of occasional hypodermic injections of strychnine, is all that can be recommended. Any error of refraction should be corrected with suitable glasses and if there should be (as there rarely is) an over-sensitiveness of the retina, colored glasses or a shade may be ordered.

Unfortunately these cases, in spite of all treatment, tend slowly towards hopeless blindness.

#### **Is Resection of the Carcinomatous Pylorus a Justifiable Operation?**

In its issue of November 24, the *Med. News* editorially asks this question, and its statistics answer the question negatively—for of the thirty-six operations that have so far been performed, seventy-five per cent. have died, and only twenty-five per cent. recovered; and the chances are that in this small percentage of recoveries, the disease will recur, so that on comparing the results, it hardly seems justifiable to incur so great a risk, where so little ultimate good can possibly be looked for. It has been said that Prof. D. Hayes Agnew positively refuses to perform the operation.

#### **Milk Cure in Hysteria.**

The editor of the *Medicinal Zeitung* describes a case of obstinate hysteria in a woman of fifty, which had defied the treatment of numerous physicians, and which he completely cured in five months by an absolute milk diet. The case remained cured, and the patient recovered sufficiently to undertake field labor. The intimation he conveys is that the milk diet is the main feature in several methods of treating neurasthenia and confirmed hysteria which have been recently brought before the profession. But to have this good effect, the diet must be absolute.

#### **Removal of the Placenta.**

Prof. Dohrn, of Königsberg, in one of our German exchanges compares the results of 1,000 cases

of labor in which the expulsion of the placenta was left entirely to nature, with 1,000 cases in which it was removed by Credé's method. The results were altogether in favor of the former, or the expectant method. There was much less hemorrhage, and fewer cases of puerperal fever and other complications of child-bed. Hence, he decides in favor of awaiting the natural expulsive action of the parts.

#### **Shall We Excise an Indurated Chancre?**

This question often is asked and has been answered both ways. Bumm (*Centralbl. f. Klin. Med.*, October 20, 1883,) does not recommend it, because the majority of persons do not present themselves until it is too late, that is, until after the system has become contaminated. If seen soon after connection, we infer that Bumm would advise, and we most certainly would, that the sore be excised.

#### **Epidemic of Trichinosis.**

We read in the last issue of *La Gazette Med. de Paris*, that an epidemic of trichinosis is at present raging in Ermsleben, a village in Saxony. Out of 134 houses all but fifty contain individuals affected with the disease. Up to the present time over 200 persons have been attacked and 18 succumbed.

Several of the Parisian savants are about to visit the scene of the epidemic for the purpose of studying the malady.

#### **Treatment of Epilepsy.**

The lectures on epilepsy, recently written by Prof. Magnan, of Paris, are interesting from the careful picture of the disease which they present, but are disappointing in the part on the therapeutics of the disease. His conclusion is that the only agents which, up to the present, appear to act specifically on the disease, are the bromides; and in many cases, most in fact, we can expect from these little besides temporary alleviation.

#### **The Rheumatic Origin of Chorea.**

It has been asserted, as is well known, that rheumatism holds a causative relation to chorea. Dr. Octavius Sturges publishes some results in the *Lancet*, Nov. 10, which tend to show that if this relation does exist, it is a very feeble one.

#### **Pruritus Vulvæ.**

This condition is oftentimes exceedingly annoying, and its cause very obscure. Hence, the case reported to the Practitioners' Society of New York

by Dr. C. S. Ward is interesting, in that it demonstrates one of the obscure causes, which was found to be an ulcer of the rectum just above the sphincter. Applications of nitric acid cured the trouble.

#### Malarial Night-blindness.

In the *Arch. of Ophthal.*, Zimmerman reports the case of a previously healthy family, who moved into a house in a low situation, close to a sewer. The children were attacked with intermittent fever and night-blindness. The fever yielded to quinine, but the visual defect persisted until removal to a healthy locality, when it vanished, never to return.

### CORRESPONDENCE.

#### Idiosyncrasies.

EDS. MED. AND SURG. REPORTER :—

The correspondents of the REPORTER have brought before its readers some very interesting idiosyncrasies with reference to the tomato and parsnip, and have, no doubt, thereby opened up a train of thoughts in many minds of certain other peculiarities regarding drugs, food, etc. I am reminded of several such peculiarities which have occurred in my practice.

Some two years ago, a gentleman, who had applied to me for treatment, remarked, after describing his trouble, that he did not wish any nux vomica, as he could not take it in any dose without experiencing bad results. For two visits no nux vomica was administered. Desiring, however, to test the effect of the nux vomica, very minute doses of the tincture, amounting to a small fraction of a drop per dose, was introduced into his treatment. The use of this remedy was by a method not known to the patient, and precluding any possibility on his part of detecting the medicine by the taste. To my surprise, on his next visit, I received an account of a train of symptoms having been developed after each dose, corresponding to those he had stated occurred whenever nux vomica was given to him. My patient was a highly intelligent gentleman, known amongst a large circle for his common sense and probity. He declared that he had no other intimation of the presence of nux vomica as a part of his medicine, except by its manifestations after administration. The experiment was repeated on a few subsequent occasions, and the results were always the same.

A member of my own family is likewise susceptible to nux vomica, particularly to its alkaloid, though when given in very minute doses, this susceptibility, amounting to discomfort, gives way to a salutary effect. In the doses as ordinarily prescribed, very annoying, and at times very painful symptoms occur. Indeed, this is true with respect to very many remedies.

A few days ago, when I suggested to a physician that he take potassium iodide, he remarked that

in the smallest doses, this medicine acted upon his kidneys, giving him much distress. This is an instance of an intelligent person's refusing the potassium salt, with no whim or other reason than a true idiosyncrasy.

During the summer of last year, I was hastily called to attend a young woman suffering greatly from cholera morbus. Reaching the house of the patient, I proceeded to prepare in a tumbler a mixture which I occasionally use in such cases, containing, among other things, peppermint. I had poured from out the vials of my satchel a small quantity of each of the ingredients, and had just added the peppermint, when, to my great surprise, the mother of my patient, who was in the room, gave a sudden gasp for breath, followed by a quick exclamation; and, rushing from her seat to the window she raised the sash, and leaning far into the outer air, remained in that position for two or three minutes. I could not, at first, understand this strange action on the part of a person whom I had known for some time. But, when her attention could be secured, she informed me that it was the odor of the mint which had given rise to her rapid flight to the window, causing a fullness in the head, a faintness, an inability to breathe without a great effort, and other peculiar symptoms. Inquiry developed the fact that this peculiarity has existed in this lady since childhood, and that it is present in nearly every member of her family.

These instances are added to the list already on record, for the purpose of stimulating an attention to the subject of idiosyncrasies, not because of anything distinctive or original in them. There is nothing new in these facts. They are repetitions of what has frequently occurred before, and are suggestive of needful care on the part of physicians to study the idiosyncrasies of their patients. Whilst it is true that some individuals imagine an intolerance for certain drugs, such a feeling is well and really founded in others. There are persons who cannot take opium in any form or dose; and I have treated those to whom chloral could not be administered free from undesirable results. The physician will be called upon to distinguish between what is a real and what is a feigned susceptibility or idiosyncrasy. This is not readily accomplished at all times. I have found it wise, however, to listen to my patients in all their complaints relative to the effects of certain medicines. The physician who does not do so is negligent. He is not to take everything a patient says for granted, and it is here that his skill will be called into play. Conclusions, in medicine, are not to be hastily reached. Nor is it right or politic to allow patients to fill the ears of the physician with unreasonable complaints, nor to dictate to nor to govern him in his treatment. But it is the duty of every physician to listen to the complaints of his patients, with respect to the effect of remedies. At times it is right to overcome, if possible, what appears to be a mere prejudice; yet, this is not always fraught with good results. The feelings of the patient, and his knowledge of his own peculiarities, should not be overruled by the physician, who should always recognize that people are not constituted alike. The same malady in two separate persons often requires different medication. What in the one is curative, in the other

may augment the affection. In this fact will sometimes be found the reason for the want of success often met with in the use of medicines. The fault lies not so much in the want of value in the medicine in the treatment of a particular disease, as, perhaps, that the individual to whom it has been administered has some peculiarity of constitution or temperament which prevents the action of the medicine as usually observed in other persons. Some people have no peculiarities or idiosyncrasies which demand observance in the treatment of any of their ailments; but there is a large class of individuals who do possess them, and when discovered these peculiarities must be respected.

Our text-books usually contain very little advice upon this subject, as it is disposed of with a few general remarks, and the rest left to the experience of the physician.

No set rule can be laid down to govern the practitioner in all cases, but what he may use to good effect is tact, a quality which every physician ought to cultivate.

The following good suggestion has been offered by Wood in his Practice: "So frequent are these peculiarities, and sometimes so important, especially in relation to the operation of medicines, that the physician should make himself acquainted with the constitution of every new patient, as far as practicable, before prescribing for him in any serious case."

G. MAXWELL CHRISTINE, M. D.

1105 Diamond street, Philadelphia.

#### Severe Wounds—Quinine Dressings—Recovery.

EDS. MED. AND SURG. REPORTER:—

On the 3d day of October last, about 12 o'clock, M. Willie Calhoun, *et. 13*, of lymphatic temperament, while playing around a saw mill, was caught in the running-gear, violently carried around a pulley twice, then thrown forward against the sharp end of a saw-log—the result being that, beside several severe bruises and cuts made upon his feet and legs, and a horribly severe semicircular cut of about seven inches across the top of the head, which penetrated to the skull, severing entirely the skin and occipito-frontalis, leaving the scalp bare and dry, it had literally torn his left fore-arm off at the elbow-joint, leaving the articular surface of the humerus bare and glistening. The muscles of the humerus were torn about half, and the skin all off—just exactly as if the shirt sleeve was skin, and had been torn off at the seam on the shoulder. His arm was covered with saw dust and quilt-lining, which effectually stopped hemorrhage. He was brought here in a row-boat (a distance of thirty miles), when I was called on to operate, which I did immediately, having no assistance but a drug clerk to give chloroform. The operation was chosen already, and I had nothing to do but cut down upon the axillary artery, ligate, then amputate at joint. I checked hemorrhage from small arteries by pressure of sponge wet in tincture chloride iron; waited a few minutes, and closed wound with silver wire.

In a few days the sutures all pulled out on account of the death of the flaps—the skin having been so injured by friction of belt not then dis-

coverable. I then took the sutures out, excised dead skin and tissue with curved scissors, leaving an open sore 8x6 inches, which I treated with tar-water and dusting quinine over the whole surface, dressing twice a day, giving quinine internally, externally, and eternally. On the 22d day from accident, I gave permission for boy to be carried home. Did not use more than one or two grains of morphine during whole treatment, and my patient suffered little or no pain. It has now been one month since operation, and he is doing well. The only thing new to me was experimenting with dusting the quinine, which was remarkable for its influence in checking suppuration and preventing any smell. I have never seen it recommended—maybe because I haven't read enough—nevertheless, it is my treatment anyhow. The other wounds were treated in the usual manner.

J. H. ETHERIDGE, M. D.

Apalachicola, Fla., November 1, 1883.

#### Crotaline as a Remedy in Tetanus.

EDS. MED. AND SURG. REPORTER:—

On the 29th of last September, an article of mine was published in another journal of your city, entitled "Serpent Venom as a Remedial Agent in Tetanus." It was a brief recital of a severe case of traumatic tetanus that occurred in my practice a few years ago, in which I inserted beneath the skin in the upper dorsal region, near the spine, a minute quantity of the venom of the rattlesnake, of the species known as *crotalus durissus*, I believe. The case ended in complete recovery, and the circumstances were such that I attributed the results wholly to the use of the venom. The idea was not new to me. Years before I had been taught, erroneously perhaps, that the active principle of woorari was believed to be the venom of serpents. The question then arose whether the venom of the common rattlesnake could not be used in the same way, and for the same purpose. I therefore gave the subject of snake-bites some little attention, and hazarded the experiment when the opportunity offered, but not until other remedies seemed unavailing.

Since the publication of the article referred to, I have received letters of inquiry from various parties sufficient to show that, to some extent at least, the profession is interested in the subject. These letters have contained questions relating to the physical properties of venom, the best mode of introducing it into the system, whether in its concentrated form or diluted in some way, the method of obtaining it, where it can be procured and the cost, etc. To these inquiries I have replied the best I could, and have referred to Dr. Wier-Mitchell's "Researches on the Venom of the Rattlesnake," etc.—about all the authority I have on the subject. As to the cost, I think I shall be able to procure a quantity by the middle of next May; if I am not disappointed, I shall be pleased to furnish, to the extent of my supply, free of cost, to members of the profession who desire to make experiments.

I do not now know what will be the best method for preserving the venom for use, whether in hermetically-sealed tubes, or dried on quill slips, or ivory points. But I am confident that it will prove valuable in the treatment of diseases of

which tetanus is a type. However, I may be too sanguine in my expectations of success.

A. O. AMEDEN, M. D.

Glen's Falls, N. Y., November 21, 1883.

#### A Tick on the Eye.

EDS. MED. AND SURG. REPORTER:—

The reading of Dr. Scott's case of a tick on a boy's eye in November 10th number, reminds me of a similar circumstance in my own person. When a boy of six or seven years, on awaking from a nap one summer day, my father noticed something on my eye, which on investigation proved to be "a live tick;" he pulled it off with the thumb and index finger-nail, the tick bringing away its mouth full of cornea.

I do not remember that it was painful, or that inflammation followed. It was what is commonly called "seed-tick."

S. W. CALDWELL, M. D.

Trenton, Tenn., November 15, 1883.

### NEWS AND MISCELLANY.

#### Water Cisterns: An Economical Improvement.

The *Building and Engineering Times* states:

"We suppose that in some future day, when sanitary appliances and precautions shall be in universal use, the modern practice of having one cistern from which are drawn the supply of drinking-water and the supply for flushing a closet will be looked upon as a relic of barbaric uncleanness. But there are thousands of houses inhabited by respectable people where the single cistern is thus employed. It is really worth while knowing that at a comparatively small expense this may be avoided. A partition may be placed in the cistern reaching to half an inch higher than the top of the waste-pipe, and separating the closet valve from the domestic supply-pipe. As these are usually at different ends of the cistern, this is easy. When the water is 'turned on' the domestic half is first filled, and the water overflows to fill the other half. Two cisterns are thus practically provided in the room of one, and the drinking-water is thus effectually separated from that required for the closet. We have actually tried this plan, and can speak favorably of it. The water company's inspector, it is true, was puzzled by it, and thought it rather irregular, but he was unable to charge anything extra for it, so that we obtained all the advantage of a second cistern, without paying 4s. a year to a rapacious company. The cost of the contrivance is under half a sovereign, and no doubt it was repaid over and over again by the greater purity of our drinking-water."

#### What to Do with Our Sons.

A very wise M. R. C. S. thus writes to the *Med. Times and Gaz.*:

"I am a professional man with a good income, but I have a large family of daughters and two sons. Knowing how precarious are the chances of success in any of the learned professions, I have just apprenticed my youngest son, aged sixteen years, to a builder. Of course, he has to work at

the bench, and go out with the workmen 'on jobs,' but he is happy, and his time well employed. When he is twenty-one, he will have become master of his trade, and, being a well educated lad, and sharp to boot, a very few pounds would start him in one of the colonies on the high road to competency. This is what I do with 'our boys'—that is, for those who are handy with their tool-chest, and most English lads are. The silly pride of parents is the chief drawback to their sons' success in life."

#### Trees in Towns.

The question of the utility of trees in towns and cities was debated at the International Hygienic Congress held at Geneva last autumn, and has since been discussed with considerable spirit in the press of the city on the Rhone. The negative side has been supported with ability by Professor Piachaud, who favors the conclusions of the congress; Professor Goret champions the affirmative side, and has, we think, much the best of the argument. Trees are useful in centres of population, not only in affording shade from the fierce heat of the sun, but in distributing moisture in dry weather through evaporation from their foliage, and in facilitating the drainage of the soil by means of their roots. The part played by trees in maintaining the equilibrium of the atmospheric gases is also of immense importance in crowded localities.

#### Admission to the Hospitals of Paris.

Heretofore patients have not been received into the hospitals of Paris, unless conveyed thither by the police, or unless admitted by order of the medical officers, who make the regular morning visit. Consequently, patients who presented themselves in the afternoon were sent to the central office, whence they were obliged to make their way on foot to the particular hospital to which they might be assigned. A regulation has, however, been recently made which provides for the provisional reception of all applicants into any hospital at which they may present themselves, and in case of their subsequent assignment to another, they will be conveyed to the latter in a vehicle. It has also been decided that the remnants of each day's meals are to be served to applicants the next morning, instead of being disposed of to a contractor, as in the past.

#### A New Cause of Lead Poisoning.

The Sanitary Board of Paris has caused a serious inquiry as to the matters which enter into the composition of the coverings of perambulators, and it has been shown that preparations of lead are largely employed in their manufacture, so much so that the Board has thought fit to address a report to the Prefect of Police requesting him to forbid the employment of toxic salts in the manufacture of the oil-cloth used so largely for these little carriages. Extending their researches, the Board caused the oil-cloth to be examined which so often covers the dining-tables in Paris. The result of the analysis has been that in one of these tablecloths of good description ten ounces of metallic lead was found in each square yard.

### The Irresistible Fascination of Alcohol.

Since moderate indulgence in alcoholic liquors so often leads to uncontrollable excess, the following quotation may serve as a salutary warning to some of your patients just commencing the habit:

Maenish, in his *Anatomy of Drunkenness*, relates the case of one who thus replied to the remonstrances of his friend: "Your remarks are just; they are, indeed, too true; but I can no longer resist temptation. If a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and I were convinced that I would be pushed in as sure as I took one glass, I could not refrain. You are very kind. I ought to be very grateful for so many good, kind friends, but you may spare yourselves the trouble of trying to reform me: the thing is out of the question."

### Slow, Conservative, but Sure They are Right.

The attention of our County Society is called to the following extract from the *Pacific Medical and Surgical Journal*, November, 1883:

The Philadelphia County Medical Society had 168 members present at a late meeting, when the admission of three female candidates was in question. They were rejected. There is a strong mixture of old fogysm and progressive medicine in that latitude.

### OBITUARY NOTICES.

#### DR. G. S. PFEIFFER.

Dr. G. S. Pfeiffer, a distinguished physician of Camden, N. J., died November 29, 1883. He was born in Germany in 1806, and at an early age entered the Holland Navy. While cruising off Algiers in 1825, he was taken prisoner and kept in close confinement until 1830, when he was liberated and pressed into the French service owing to his knowledge of surgery. Several years afterward he returned to his native land and completed his studies under Baron Liebig and Von Ritger. He then married and shortly afterward came to this country, and lived in Philadelphia until the year 1854. During the civil war he entered the service as a surgeon, where he contracted the disease which was the immediate cause of his death. He was a member of the Historical Society of Pennsylvania, No. 51 Lodge of Free Masons, and Surgeon of Post 5 G. A. R., of Camden. President Tyler, under the advice of John C. Calhoun, asked Dr. Pfeiffer to represent this country in Africa, but he declined on account of his health. He was a scientific man, and spoke seven different languages fluently. He also published several books on the various productions and manufactures of this country, which were printed in Germany, purposely for the benefit of the people of that country. Dr. Pfeiffer leaves three sons and three daughters.

### Items.

—In praising the skill of her family physician recently, a German lady said that "he was professor of obstructions in his college."

—M. Cornil has presented to the Académie des Sciences a memoir on jequirity, a substance now

much used for diseases of the eye; it provokes suppuration on the surface of the eyeball. According to M. Cornil, this action is due to the bacilli present in the new drug.

—According to the *Sigilo Medico*, the proportion of medical practitioners in different countries is as follows: France, 2.91 per 10,000; Germany, 3.21 per 10,000; Austria, 3.41 per 10,000; England, 6 per 10,000; Hungary, 6.10 per 10,000; Italy, 6.10 per 10,000; Switzerland, 7.06 per 10,000; United States, 16.24 per 10,000.

—M. Bechamp, when recently enunciating his doctrine concerning micrococci and their evolution, terminated his discourse by saying that if the thousandth part of the sum expended for warlike purposes were devoted to rendering towns and cities healthy, legions of lives would be saved, and riches and strength thus multiplied beyond calculation.

—According to the recently published official volume of judicial statistics, 447 of the inquests held in England and Wales in 1880 resulted in a verdict of "died from excessive drinking." This was 29 more than in the previous year; but, on the other hand, was below the average of the five years, which was 460.

—The total amount of wine of various sorts adjudged for the supply of the hospitals of Paris for the next six months is 1,245,000 litres. For three months the spirits ordered for consumption in the hospitals are 33,000 litres, of which 3000 are of brandy, 10,000 of rum, and the remainder of "alcool du Nord."

—In a recent number of *La Loire Médicale*, Dr. Duchamp describes a successful operation in a girl of eight and a half years of age, for the removal of the left ovary with the greater portion of the Fallopian tube. The child was anesthetized while asleep; the operation lasted three hours, and perfect relief was the result.

### MARRIAGES.

SETTOON—RICHARDSON.—At Jeannereth, La., November 11, 1883, by the Rev. T. S. Randle, Charles Settoon and Rosa, daughter of Dr. W. M. Richardson.

LAPP—NEFF.—At the Presbyterian church, Newcastle, Ohio, on Saturday evening, November 17, 1883, by the Rev. S. H. Wallace, D. D., Dr. J. G. Lapp and Miss Lucinda Neff, both of Newcastle, O.

COLLINS—WENTZ.—In Blackwood, N. J., November 22, 1883, by the Rev. F. R. Brace, Thomas S. Collins, M. D., and Kate E., daughter of Mr. T. J. Wentz.

NORTON—FARQUHAR.—In the Brainerd Presbyterian church, Easton, Pa., November 22, 1883, by the Rev. A. Russell Stevenson, assisted by the Rev. Jacob Weidman, Dr. I. C. Norton, of Baltimore, Md., and Hal M., daughter of the late Rev. John Farquhar.

SEAMANS—WOODBURY.—At the residence of the bride's parents, on Tuesday, November 27, 1883, by the Rev. Dr. Wm. M. Taylor, Dr. William Shepard Seamans and Miss Helen Perkins Woodbury, daughter of Mr. Freeman P. Woodbury, of New York.

### DEATHS.

PEIRCE.—In this city, November 26, 1883, James L. Peirce, M. D., in the seventy-eighth year of his age.

SAYLOR.—In this city, November 26, 1883, Dr. George W. Saylor, in the forty-second year of his age.